



NALPN AWARDS COMMITTEE

This award nomination is to promote and recognize outstanding achievements of LPN/LVNs who are and continue to be members in good standing of NALPN.

APPLICATION FORM

First Name: _____ Last Name: _____

Address: _____

Phone: _____ Email: _____

Member #: _____ # Years of NALPN Membership: _____

of NALPN Conventions Attended: _____

Type of Nursing: _____ Years worked: _____

Please attach a short biography and nursing history.

Recommended by (NALPN Member/State President): _____

Please copy and paste or type this information into a document. Forward any submissions to NALPN Corporate Office at nalpn@caphill.com for consideration.