



## NALPN OF THE YEAR AWARD

### APPLICATION FORM

This award is to recognize a LPN for their outstanding accomplishments, achievements, work ethic, and community service in nursing and healthcare.

The winner will receive a free NALPN Conference Registration, an award, and stipend.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member #: \_\_\_\_\_ # Years of NALPN Membership: \_\_\_\_\_

Type of Nursing: \_\_\_\_\_ Years worked: \_\_\_\_\_

Please attach a short, one paragraph biography or nursing history as to why this nurse should be considered for LPN of the year.

Recommended by (NALPN Member/State President): \_\_\_\_\_  
*Signature*

Please submit (via email or mail) this application along with the biography for consideration to the NALPN Corporate office ([nalpn@caphill.com](mailto:nalpn@caphill.com)) by August 31<sup>st</sup>.