



NALPN

NATIONAL ASSOCIATION OF LICENSED PRACTICAL NURSES
"The National Voice of LPN's"

AWARDS NOMINATION FORM LPN OF THE YEAR-STATE PRESIDENT'S-STATE FOUNDERS

NALPN awards outstanding members in an effort to promote and recognize achievements of LPN/LVNs. Those who are and continue to be members in good standing of NALPN are eligible.

♥ First Name:

♥ Last Name:

♥ Address:

♥ Phone:

♥ Email:

♥ Member #:

♥ Years of NALPN Membership:

♥ Years of Attendance at NALPN Conventions:

♥ Type of Nursing:

♥ Years Worked as a Nurse:

♥ Recommended by NALPN Member/State President:

♥ Award:

QUALIFICATIONS- LPN OF THE YEAR

- ANY LPN/LVN or equivalent currently licensed showing exemplary service to his or her profession in the current calendar year
- Applicant DOES NOT need to be a member of NALPN

QUALIFICATIONS- STATE PRESIDENT'S

- An NALPN member who is a president of his or her state association and has contributed greatly to the advancement of NALPN
- Applicant must be a member in good standing with NALPN

QUALIFICATIONS- STATE FOUNDERS

- An NALPN member who began a state chapter in the current calendar year
- Applicant must be a member in good standing with NALPN

**PLEASE REMIT THIS FORM FOR NOMINATION.
THE NOMINEE WILL BE CONTACTED TO PROVIDE ANY MISSING
INFORMATION AND A SHORT BIOGRAPHY AND NURSING
HISTORY. NOMINATION MUST BE RECEIVED 90 DAYS PRIOR TO THE NALPN
ANNUAL CONFERENCE OF THAT CALENDAR YEAR. REMIT BELOW.**

PLEASE SCAN AND EMAIL TO
NALPNOFFICE@GMAIL.COM OR PRINT AND SEND TO
NALPN
PO BOX 1895
MANITOWOC, WI 54221-1895



NALPN

NATIONAL ASSOCIATION OF LICENSED PRACTICAL NURSES
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AWARDS NOMINATION FORM LILLAIN KUSTER AWARD

NALPN awards outstanding members in an effort to promote and recognize achievements of LPN/LVNs.

♥ First Name:

♥ Last Name:

♥ Address:

♥ Phone:

♥ Email:

♥ Member #:

♥ Years of NALPN Membership:

♥ NALPN Conference Attendance Dates:

♥ Type of Nursing:

♥ Years Worked as a Nurse:

♥ Recommended by NALPN Member or State President:

♥ Signature:

QUALIFICATIONS

- Applicant must be recommended for award by a current member of NALPN in good standing with NALPN
- Applicant must be a member in good standing with NALPN
- Applicant must have attended a minimum of three (3) NALPN conventions (does not need to be consecutive)
- Applicant must be currently employed as a LPN/LVN OR retired no more than three (3) years. If retirement exceeds three (3) years, applicant may prove to be of continued service to the community, health field, and this organization at the local, state or national level for consideration.
- Members of non-chapter states will submit application directly to the national office for verification
- This application must be signed by the NALPN member completing this form on behalf of the nominee

PLEASE REMIT THIS FORM AND A LETTER OF RECOMMENDATION FOR THE NOMINEE.

THE NOMINEE WILL BE CONTACTED TO PROVIDE ANY MISSING INFORMATION ALONG WITH A SHORT BIOGRAPHY, INCLUSIVE OF COMMUNITY SERVICE AND ACTIVITIES OF A NURSING CAPACITY IN ADDITION TO NURSING HISTORY. NOMINATION MUST BE RECEIVED 90 DAYS PRIOR TO THE NALPN ANNUAL CONFERENCE OF THAT CALENDAR YEAR. REMIT BELOW.

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