

Awards Nomination Form

Saskatchewan Association of
Licensed Practical Nurses
700A - 4400 4th Ave. Regina, SK S4T 0H8
info@salpn.com



EXCELLENCE IN LEADERSHIP

The Excellence in Leadership Award is open to all Licensed Practical Nurses who have met the following requirements:

- Practicing LPN and must hold an active license in good standing,
- Demonstrates a positive attitude,
- Pivotal role in providing leadership at the regional/provincial or national level,
- Role model to others by leading by example, demonstrating professionalism, respect, integrity, collegiality,
- Promotes patient safety through competent and ethical care,
- Visionary leader who inspires others,
- Communicates and collaborates effectively within the multidisciplinary team,
- Positively exemplifies the LPN profession,
- Demonstrates leadership skills by acting as a role model, preceptor and/or mentor, and motivates others by his/her examples.

The Awards & Recognition Committee as delegated by the SALPN Council, will determine the recipient of the Excellence in Leadership Award. The committee will select only one (1) successful recipient from the eligible candidate submissions.

Nomination and Application Process

Nominations can be made by the general public and/or any member of the multidisciplinary health care team.

The Award and Recognition Committee's decision will be based solely on the information provided on the nomination form.

The Excellence in Leadership Award is presented at the SALPN Awards Banquet during the Annual General Meeting and Education Conference. Applications for the Award must be submitted to the SALPN Office. Deadline for applications will be determined by the Awards and Recognition Committee annually.

Please fill in all appropriate areas

Nominee Information:

Name:

Daytime Phone No.:

City:

Place of Employment:

Registration # (If LPN):

Graduation Year:

Email:

Nominated By:

Name:

Daytime Phone No.:

City:

Email:

Place of Employment:

Registration # (If LPN):

Relationship to Nominee:

My signature indicates that my statement of nomination is true and accurate.

Signature:

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Based on the criteria below describe how your nominee is deserving of the Excellence in Leadership Award:

Practicing LPN and must hold an active license in good standing: Yes No

Demonstrates a positive attitude:

Pivotal role in providing leadership at the regional/provincial or national level:

Role model to others by leading by example, demonstrating professionalism, respect, integrity, collegiality:

Promotes patient safety through competent and ethical care:

Visionary leader who inspires others:

Communicates and collaborates effectively within the multidisciplinary team:

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Positively exemplifies the LPN profession:

Demonstrates leadership skills by acting as a role model, preceptor and/or mentor, and motivates others by his/her examples:

Date:

Signature:
