**New Mexico Association of Nurse Anesthetists**

**CRNA Practice Recognition Awards 2020**

**Nomination Form**

**DEADLINE: July 24, 2020**

**Return this completed form to nmanaoperation@gmail.com**

|  |
| --- |
| **Nominee Information** |
| Nominee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last) (First) Employer/ Organization/ Job title: Personal Mailing Address: Personal Phone Number: Nomination fee of $75 paid Yes [ ]  (pay at <https://www.nmana.org/2020_crna_recognition_awards>)*License verified by Awards Committee* Yes [ ] Nominee is NM resident working primarily in NM? Yes**[ ]** (Nominee must be a NM resident and practicing anesthesia primarily in NM)\*Lifetime Achievement Award doesn’t require current NM residency. |
| **Award Categories** |
| **Please indicate the award you are nominating the individual for:*** Rural Practice Award **[ ]**
* Exemplary Leadership Award **[ ]**
* Excellence in Obstetrical Anesthesia Care **[ ]**
* Distinguished CRNA of the Year Award **[ ]**
* CRNA Military Service Recognition Award **[ ]**
* Lifetime Achievement Award **[ ]**
* Exceptional Patient Care Award  **[ ]**
 |
| **Information About Nominator** |
| Nominated by: Business/ Organization/ Affiliation: Nominator’s Complete Address: Daytime Phone Number:  Email Address:  |

|  |
| --- |
| **Professional Reference** |
| Name: Job Title: Work Address: Daytime Phone Number:Email Address:  |
| I attest that I provided information accurately and truthfully with the best of my knowledge. Nominator’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Attach your personal letter describing the nominee on the following page:**

* *Note: Limit is 2 pages, double spaced, 12-point font.*

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Letter