**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**

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| **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: |

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| **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