



**REGISTERED  
PSYCHIATRIC  
NURSES  
ASSOCIATION OF  
SASKATCHEWAN**

# RPN Award Nomination Form

for the Registered Psychiatric Nurses Association of Saskatchewan

## NOMINEE

**Full Name:** \_\_\_\_\_ **Registration Number:** \_\_\_\_\_  
Surname Given Name

**Address:** \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City Province Postal Code

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(306) 123 - 4567

In the area of Psychiatric Nursing, which category is the nominee to be considered:  
 (Choose only **one**)

- Practice**
- Education**
- Administration**
- Research**
- Community Service**

## NOMINATOR

**Full Name:** \_\_\_\_\_ **Registration Number:** \_\_\_\_\_  
Surname Given Name

**Address:** \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City Province Postal Code

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(306) 123 - 4567

## SECONDER

**Full Name:** \_\_\_\_\_ **Registration Number:** \_\_\_\_\_  
Surname Given Name

**Address:** \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City Province Postal Code

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(306) 123 - 4567

### **Nominee's Career in Psychiatric Nursing**

Summarize the nominee's career in Psychiatric Nursing with the following points in mind:

- Contributions made by the nominee to the promotion of mental health and human services.
- Contributions in other areas deemed appropriate for this award (personal achievements, post diploma credentials, community involvement, etc.)
- Ways in which the nominee demonstrated leadership in the area of service delivery.

### **Nominee's Contribution to Psychiatric Nursing**

Summarize, where applicable, the nominee's contribution to the profession of Psychiatric Nursing and other health care associations locally, provincially and nationally.

**Nominee's Initiatives**

Describe innovative programs developed and/or implemented by the nominee.

Any other pertinent information.

*Any applicable supporting documents may be attached to this nomination form.*

**Signature of Nominator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Seconder:** \_\_\_\_\_ **Date:** \_\_\_\_\_