

SIGMA THETA TAU  
THETA ZETA CHAPTER

*Distinguished Nurse Colleague Award*

The Theta Zeta Chapter *Distinguished Nurse Colleague Award* is given to a nurse who has exhibited outstanding contributions to nursing practice, administration, education, research.

**Eligibility**

1. Professional nurses who are prepared at the educational level of a baccalaureate or higher degree who are recognized as providing a positive influence on nursing practice, education, administration, or research arenas.
2. Active Sigma Theta Tau member

**Nominations**

Nominations for the award are accepted from professional nurse colleague(s) such as nursing faculty, Theta Zeta members, managers/supervisors, or nursing students.

**Criteria**

Candidate applications will be judged on the following criteria:

1. Demonstrates qualities that contribute to improved health care and best practices.
2. Influences nursing through visionary and innovative approaches.
3. Creates an environment that enhances the image of nursing and nurses.
4. Participates in the development of nurse leaders, scholars, and clinicians.

**Selection Process for the Award Recipient**

1. A selection committee will consist of three appointed chapter members not including the Awards Chairperson. One of the appointed chapter members is or has been in a chapter leadership position. Committee members will be appointed by the chapter's officers prior to the deadline for receipt of the applications.
2. The following materials will be submitted to the Awards Chairperson: the application form completed by the candidate, and the recommendation form completed by the colleague(s).
3. The name and identifying characteristics within the candidate's materials will be removed by the Awards Chairperson after verifying membership status. The blinded materials will be copied and forwarded to the selection committee members.
4. The selection committee will review the nominations, and rate candidates on the criteria listed above.
5. The selection of the candidate shall be on the basis of the total points using a rating form. A recommendation of the selected nominee(s) will be made to the Awards Chairperson who will present the recommendation to the Executive Board of Theta Zeta Chapter during the February chapter meeting for a final decision prior to contacting the candidate.

**Notification and Publicity**

The application forms for this award will be distributed to chapter members by electronic mail with a link on the chapter website. Advertisement of the award will occur through the

chapter's newsletter, email list, and website. The selected candidate and all nominee(s) will be notified by the President or designee of the Executive Board's decision. The name of the selected candidate(s) will be published in chapter and campus newsletters and local media by the Publicity Chair.

**Award**

The candidate selected for the award will receive a certificate in a wall plaque. The award will be presented at the chapter's annual meeting.

**Award Entry Deadline**

The deadline for the application will occur on January 15<sup>th</sup>.

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*Distinguished Nurse Colleague Award*

**Candidate Application Form**

Candidate Name and Credentials: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (Home) \_\_\_\_\_; (Work) \_\_\_\_\_; (Cell) \_\_\_\_\_

Email address(es): \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_

Primary Responsibilities (briefly describe the primary responsibilities of your position):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All materials for this award should be submitted via email, postal mail, or fax to:

Sigma Theta Tau International  
Theta Zeta Chapter  
Bloomsburg University  
Department of Nursing  
400 E. Second St.  
Bloomsburg, PA 17815  
Attention: Awards Chairperson

Phone: (570) 389-4426  
Fax: (570) 389-5008

Any questions should be directed to the Theta Zeta Awards Chairperson

SIGMA THETA TAU INTERNATIONAL  
THETA ZETA CHAPTER

*Distinguished Nurse Colleague Award*

**Colleague Recommendation Form**

Colleague Name and Credentials: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (Home) \_\_\_\_\_; (Work) \_\_\_\_\_; (Cell) \_\_\_\_\_

Email address(es): \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_

Association to Candidate/Nominee (briefly describe your association to the candidate):  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe on a separate page how the candidate meets all four of the following award criteria. Please sign and date this description.**

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