

| SCORE | MAXIMUM POINTS | CATEGORY 1: Clinical Nurse of the Year | | | | REMARKS | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|----------------|---|--------------------------|--------|--------------|--------------|-------------------|---|--|--|--------------------|---|--|--|--------------------|---|--|--|-----------------------|---|--|--|-----------------------|----|--|--|--|--|--|
| | 10 | <p>A. Nominee must be a paid member of PNAST-RGV for at least two (2) years and in good standing. A letter of validation indicating the number of years is required from PNAST-RGV membership chairperson.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th data-bbox="535 375 1073 440">CRITERIA (Select one)</th> <th data-bbox="1073 375 1264 440">POINTS</th> <th data-bbox="1264 375 1514 440">BY APPLICANT</th> <th data-bbox="1514 375 1694 440">BY VALIDATOR</th> </tr> </thead> <tbody> <tr> <td data-bbox="535 537 1073 602">1 year membership</td> <td data-bbox="1073 537 1264 602" style="text-align: center;">2</td> <td data-bbox="1264 537 1514 602"></td> <td data-bbox="1514 537 1694 602"></td> </tr> <tr> <td data-bbox="535 699 1073 764">2 years membership</td> <td data-bbox="1073 699 1264 764" style="text-align: center;">4</td> <td data-bbox="1264 699 1514 764"></td> <td data-bbox="1514 699 1694 764"></td> </tr> <tr> <td data-bbox="535 862 1073 927">3 years membership</td> <td data-bbox="1073 862 1264 927" style="text-align: center;">6</td> <td data-bbox="1264 862 1514 927"></td> <td data-bbox="1514 862 1694 927"></td> </tr> <tr> <td data-bbox="535 976 1073 1040">4 years of membership</td> <td data-bbox="1073 976 1264 1040" style="text-align: center;">8</td> <td data-bbox="1264 976 1514 1040"></td> <td data-bbox="1514 976 1694 1040"></td> </tr> <tr> <td data-bbox="535 1122 1073 1187">5 years of membership</td> <td data-bbox="1073 1122 1264 1187" style="text-align: center;">10</td> <td data-bbox="1264 1122 1514 1187"></td> <td data-bbox="1514 1122 1694 1187"></td> </tr> </tbody> </table> | CRITERIA (Select one) | POINTS | BY APPLICANT | BY VALIDATOR | 1 year membership | 2 | | | 2 years membership | 4 | | | 3 years membership | 6 | | | 4 years of membership | 8 | | | 5 years of membership | 10 | | | | | |
| CRITERIA (Select one) | POINTS | BY APPLICANT | BY VALIDATOR | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 year membership | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 years membership | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 years membership | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 years of membership | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 years of membership | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | 10 | <p>B. Must be currently practicing in a clinical field of nursing for at least three (3) years, and currently licensed in the U.S. (R.N.) (Attach a copy of RN license)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2-3 years clinical experience | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 30 | <p>C. Must have significant contributions to the practice of nursing in general, and to PNAST-RGV in particular within five (5) years. (Attach copies of proof of contributions and accomplishments)</p> | | | |
| | | <p style="text-align: center;">CRITERIA (Select all that applies)</p> <p>Contributions in general –local institution (2 points per contribution) Total contributions = Total Points =</p> <p>Contributions (clinical/wellness) in community (2 points per contribution) Total contributions = Total Points =</p> <p>Contributions to PNAST-RGV (3 points per contribution) Total contributions = Total Points =</p> <p>Contributions PNAA (4 points per contribution) Total contributions = Total Points =</p> <p>Contributions in nursing with national impact (4 points per contribution) Total contributions = Total Points =</p> | POINTS | BY APPLICANT | BY VALIDATOR |

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| | 30 | <p>D. Must have been recognized for meritorious contributions to the practice of nursing in general, and to PNAST-RGV in particular within five (5) years. (Attach copies of awards, certificates of recognition)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 13 | <p>E. Must maintain current practice through education, formal or CEU. (Attach copies of certificates of completion)</p> | | | | | | | | | | | | | | | | | | | | | | | |
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| Total | Total | Evaluator's Name: _____ | |
| | 93 | Signature: _____ Date: _____ | |