



Nomination Form

OREGON SCHOOL NURSE OF THE YEAR

Please complete this form, attach supporting documents and submit entire nomination packet to:
Carol Cochran RN
2611 Pringle Rd. SE
c/o Willamette ESD
Salem, OR. 97302
Email: carol.cochran@wesd.org

Nomination Packet must be postmarked no later than: *March 10, 2008*

Candidate name and credentials: _____

Candidate home address: _____

Telephone numbers: _____

Employers Name: _____

Employers Address: _____

Number of years in present position: _____

Number of years in school nursing: _____

Grade levels served in current position...Pre K – 12th grade: _____

Number of students served: _____

Position full time (by Guideline standards)?	Yes	No
Provider of direct nursing care in practice?	Yes	No
Registered Nurse?	Yes	No
Member of OSNA, current & previous 2 years	Yes	No

Nomination submitted by: _____

Address: _____

Date Submitted: _____ **THANK YOU** for your support!