August 27, 2007

Dear Nurse Employer:

Plans are underway for the seventh annual ***Palmetto Gold Gala.*** The ***Palmetto Gold Nurse Recognition and Scholarship Program*** salutes excellence in nursing practice and commitment to the profession. Nominating your exceptional employees for this prestigious award is one means of rewarding them for their invaluable contributions and bringing statewide recognition to them and your organization. Each year 100 nurses are selected for the award. The contributions of the recipients are featured on the ***Palmetto Gold*** web site (www.scpalmettogold.com) for an entire year.

The 2008 Gala will be held on April 19, 2008 at Seawell's Banquet and Convention Center in Columbia. To provide ample time for the selection process to take place and to notify recipients and employers as soon as possible, we will close the nomination process at the end of October. **The deadline for sending in nominations for the 2008 Palmetto Gold Nurse Recognition and Scholarship program is Wednesday, October 31, 2007**. You will receive additional information on ordering tickets and other opportunities to contribute to *Palmetto Gold* in the near future. **Please save the date on your calendars and advise your organization's key leaders of this date!**

The **2008 Nomination Form** and **Tips for Completing a Successful Nomination Form WILL NOT** be mailed out this year, but are available for download on the web site (www.scpalmettogold.com). **Nomination forms WILL NOT be accepted by e-mail or fax, to assure fairness in meeting the deadline. All nomination forms must be postmarked by the Wednesday, October 31, 2007 deadline and each packet must include the original and three copies (4 total).** When making copies, do not duplex (copy front and back) as the nomination form will be separated for blind review and scoring. Read all instructions carefully **prior** to completing the forms. All information **must be typed** on the nomination form and contained to the space provided in the online format. **DO NOT add additional space or pages** and **DO NOT use less than a ten-point font size. Incomplete applications or those that do not meet the specifications will not be considered.**

Mail completed nomination form and 3 copies to:
South Carolina Nurses Foundation
Palmetto Gold Steering Committee
1821 Gadsden Street
Columbia, SC 29201

You will be notified by mail on the outcomes of the Selection Committee's decisions by the middle of February 2008. Don't delay. Select your nominees and complete the nomination process while it is fresh on your mind. If you have questions, please email the co-chair of the Nominations and Selection Committee at pcpoyner@gwm.sc.edu. .

Best wishes,

Phyllis Poyner, Co-Chair
Nominations and Selection Committee

Palmetto Gold Nurse Recognition and Scholarship Program
2008 Nomination Form

Nomination Criteria:

- Current unrestricted South Carolina RN license, or current unrestricted license in another state if employed in a federal facility.
- Actively practicing nursing in South Carolina.

Instructions: Please read and follow instructions carefully. <u>If instructions are not followed, the nomination will not be considered.</u>

- All information **MUST be typed** on this form and be contained to the space provided to be considered. **Use no less than a ten-point font (10pt).**
- Do not attach resume, curriculum vitae, or additional pages.
- Each category/criterion must be completed**. <u>Incomplete applications will not be considered.</u>**
- Consult with the nominee or others to assure that all demographic and descriptive information is accurately stated.
- The selection process is conducted using a **<u>blind review</u>**. Do not refer to the nominee by name, place of employment **or other identifying information** when responding to Criteria 1, 2, 3 and 4.
- The nomination form must **not exceed the pages provided**. Pages 1 and 2 request the nominee's demographic and biographic information and the nominator's **and** employer's name, address and phone number. **Signatures for <u>both</u> the nominator and the senior level administrator <u>MUST</u> be provided.** If the senior level administrator is the nominator, an **additional** signature is required on the second line. **<u>Two different signatures</u>** are required on the form.
- Page 3 addresses criteria 1 and 2. Page 4 addresses criteria 3 and 4. Please be sure that these print out correctly so that page 3 contains **only** criteria 1 and 2 and page 4 contains **only** criteria 3 and 4.
- **<u>Pages cannot be altered</u>**, and **must not exceed** the space allowed. Be succinct yet **specifically** describe how the nominee meets each of the criteria. **<u>Use measurable outcomes</u>** to describe how the nominee met the criterion. For ease of separation and distribution, please use a paperclip to attach pages and **<u>do not staple</u>** the pages together.

Mail the <u>original and three (3) copies</u> of the nomination form to:

South Carolina Nurses Foundation
Palmetto Gold Selection Committee
1821 Gadsden Street
Columbia, SC 29201

All nominations must be postmarked by October 31, 2007 to be considered. <u>No e-mail or fax applications will be accepted.</u> The nomination form is available to download in PDF format on the Palmetto Gold web site at www.scpalmettogold.com. Tips for completing the nomination form are also available on the website.

Self-nominations are not accepted. Members of the Palmetto Gold Steering Committee, Nominations and Selection committee and Reviewers are ineligible for nomination.

Palmetto Gold Nurse Recognition and Scholarship Program
2008 Nomination Form

The above guidelines will be strictly adhered to in order to assure fairness to all.

All information must be typed on this form.

Nominee's Name:_____

Phone: (H)_____ (W)_____ Email: _____

Nominee's home address:

_____
Street

_____
City County Zip code

Job title:_____

Nominee's Employer(Agency):_____
Employer's Address:

_____

_____
Employer's Phone Number:_____
Contact Person for Employer:_____

RN License Number:_____State_____ Expiration Date:_____

Please indicate the primary practice area of the nominee:
___Clinical (Staff Nurse) ___Clinical (Advanced Practice) ___Management ___Education

Nominee's Academic Preparation (check all that apply):
____ADN ____BSN ____Diploma _____Masters _____Doctorate ____Other

Nominee's area of certification, if applicable:_____

Years of Experience as a Registered Nurse: _____years.

Nominator's Name: _____
Job Title:_____
Phone: (H)_____ (W) _____ (Other) _____
E-mail address:_____
Nominator's Business Address:_____

Nominator's signature:_____
Senior Administrator's Name: (print) _____
Senior Level Administrator's Signature:_____

(Note: Two different signatures are required.)

Palmetto Gold Nurse Recognition and Scholarship Program

2008 Nomination Form

Information provided on pages 1 and 2 will not be used for scoring the nomination, but may be used in the event a tie must be broken. Please remember that the raters will NOT see this information. If you want the raters to be aware of this information, work it into your write up for questions 1-4. Also, raters will only see questions 1and 2 OR 3 and 4. If you want information to be known to all raters, include the information on page 3 and 4 if applicable in context of one of the questions on each page.

Please remember that the raters will not see this information.

Describe the Nominee's

A) Professional nursing involvement over the past 5 years (memberships in professional organizations, committees, offices held, etc.)
B) Work-related activities
C) Civic and/or community activities during the last 5 years
D) Honors and Awards Received in the last five years

Palmetto Gold Nurse Recognition and Scholarship Program

2008 Nomination Form

Please indicate the primary practice area of the nominee: ☐Clinical (Staff Nurse) ☐Clinical (Advanced Practice) ☐ Management ☐Education

Selection Criteria: Give specific examples of how this nominee demonstrates excellence in nursing practice. To ensure a blind review, <u>do not use the name of the nominee, place of employment or identifying information in the descriptions</u>. Do not use less than a ten-point font size (10 pt.)

Describe how the nominee:

1. Promotes and advances the profession of nursing in a positive way in the practice setting or the community. **Do not include identifying information or exceed the space in this box).** Give specific and measurable examples.
2. Displays caring and commitment to patients, families and colleagues (**Do not include identifying information or exceed the space in this box).** Give specific and measurable examples.

Palmetto Gold Nurse Recognition and Scholarship Program

2008 Nomination Form

Please indicate the primary practice area of the nominee: ___Clinical (Staff Nurse) ___Clinical (Advanced Practice) ___ Management ___Education

Describe how the nominee:

3. Demonstrates leadership and assists others to grow and develop. (**Do not use identifying information or exceed the space in this box.)** Give specific and measurable examples.
4. Contributes to the overall achievement of outcomes in the practice area/setting. **(Do not use identifying information or exceed space.)** Give specific and measurable examples.