

**2006 NOMINATION FORM**

**WESTERN INSTITUTE OF NURSING**

**WESTERN ACADEMY OF NURSES**

[DEADLINE FOR SUBMITTING NOMINATIONS IS 4:30 PM, TUESDAY, NOVEMBER 1, 2005.]

*CANDIDATE INFORMATION (please print or type)*

NAME AND CREDENTIALS OF NOMINEE \_\_\_\_\_

TITLE OF NOMINEE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

EMPLOYMENT ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE: WORK \_\_\_\_\_ HOME \_\_\_\_\_

EMAIL \_\_\_\_\_

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*PERSON WHO IS SPONSORING THE NOMINEE (please print or type)*

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE: WORK \_\_\_\_\_ HOME \_\_\_\_\_

EMAIL \_\_\_\_\_

(Over)

*SUPPORTING NOMINATOR (please print or type)*

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE: WORK \_\_\_\_\_ HOME \_\_\_\_\_

EMAIL \_\_\_\_\_

**SUBMIT 12 COPIES OF THE NOMINATION PACKET, INCLUDING: COMPLETED NOMINATION FORM; COVER LETTER FROM THE SPONSOR; AND STATEMENTS ABOUT THE NOMINEE FROM THE SPONSOR AND THE SUPPORTING NOMINATOR, NEITHER OF WHICH SHALL EXCEED 500 WORDS.**

**MAIL TO:**

WESTERN INSTITUTE OF NURSING, SN-4N  
3455 SW US VETERANS HOSPITAL ROAD  
PORTLAND, OR 97239-2941

**FOR OVERNIGHT DELIVERY:**

WESTERN INSTITUTE OF NURSING, SON 426D  
3455 SW VETERANS HOSPITAL ROAD  
PORTLAND, OR 97239-2941