The Oncology Nursing Certification Corporation (ONCC) is accepting nominations for Certified Pediatric Oncology Nurse of the Year Award. This annual award recognizes an outstanding CPON® or CPHON® who has made significant contributions to pediatric oncology/hematology nursing and pediatric oncology/hematology nursing service, and who has supported and promoted oncology nursing certification.

The recipient will receive $1,000 and a crystal award at the Association of Pediatric Hematology/ Oncology Nurses (APHON) Annual Conference.

**AWARD CRITERIA**

Nominees must demonstrate accomplishments in the following areas: promotion of oncology nursing certification, pediatric oncology or hematology nursing service, and pediatric oncology or hematology nursing practice.

**Promotion of Oncology Nursing Certification**

* Actively promotes oncology nursing certification among nursing colleagues, other healthcare professionals, and healthcare consumers.

**Service**

* Enhances the image of pediatric oncology/hematology nursing among the general public.
* Participates in community affairs, legislative activities, or in organizations that affect nursing.
* Enhances the image of oncology nursing among healthcare professionals.
* Participates in community education.

**Pediatric Oncology/Hematology Nursing Practice**

Candidates must demonstrate accomplishments in one of the following areas (nominee, nominator, and recommendations must all address the same area):

***Clinical Practice***

* Develops or uses creative approaches to pediatric oncology/hematology nursing which enhance quality patient care.
* Serves as an example to inspire pediatric oncology/hematology nurse peers.
* Demonstrates a commitment to the care of children with cancer and their families.

***Education***

* Participates in the education and development of nurses.
* Participates in patient/family teaching.
* Participates in educating other disciplines about pediatric oncology/hematology nursing.

***Research***

* Participates in the research process.
* Applies research findings to nursing practice.
* Conducts research that positively affects pediatric oncology/hematology patient care.

**ELIGIBILITY CRITERIA**

1. Award nominees must be currently CPON®- or CPHON®-certified at the time of application and award presentation.
2. Award nominees must have current, active, unencumbered RN licensure (or equivalent foreign credentials).
3. Members of the ONCC Recognition Subcommittee and the ONCC Board of Directors are not eligible to be Nominees, to nominate individuals, or to provide recommendations for Nominees while serving that capacity or for two years immediately following.

**NOMINATION INSTRUCTIONS**

1. Save this form to your computer.
2. **Submit all nomination materials together.** The Nominator or Nominee should coordinate the submission of materials required for each nomination.
3. Include the following for each nomination:
* Nomination information (Complete Part 1 and Part 2); and
* Biographical Sketch information; and
* **Two** Recommendation Letters in PDF (.pdf) or Word® (.doc or .docx) format. The Recommendation Letters should describe, in 250 words or less, the Nominee’s accomplishments in promoting oncology nursing certification; pediatric oncology/hematology nursing service; and pediatric oncology/hematology nursing practice. Recommendation Letters must be provided by individuals other than the Nominee and Nominator.
1. Submit all nomination materials to ONCCNominations@oncc.org by the deadline**.**
2. Do not submit additional materials, recommendations, or supporting documentation. It will not be considered.

**ADDITIONAL CONSIDERATIONS**

* All decisions of the ONCC Recognition Subcommittee and ONCC Board of Directors are final.
* Award recipients must agree to be recognized (including but not limited to: publication of the recipient’s name, photo, and/or excerpts from the nomination materials in Certification Insider, ONCC social media,and/or other publications approved by ONCC.

**Nominations must be received by the deadline at** **ONCCNominations@oncc.org**

**Please contact:**

ONCC

125 Enterprise Drive

Pittsburgh, PA 15275-1214

Fax: 412.859.6168

Phone: 877.769.6622 (toll free)

**Nomination Form**

**INSTRUCTIONS**

The Nominator should complete Part 1 and 2. If this is a self-nomination, the Nominee may complete this form.

**PART 1: NOMINEE INFORMATION**

First Name:       Last Name:

Credentials:

RN License Number:       State:       Expiration Date:

Home Address:

City:       State:       Zip:

Position/Job Title:

Employer:

Employer City:       State:       Zip:

Phone (include area code): Home:       Work:

Email:

Year of Original Certification:       Year Current Certification Expires:

Number of Years as an RN:       Number of Years in Pediatric Oncology Nursing:

**Recommendation Letters**

Two required Recommendation Forms are included from the following. Please note the nominator may not submit a recommendation.

1. Name:

City:       State:

Phone:       Email:

2. Name:

 City:       State:

 Phone:       Email:

**PART 2: DESCRIPTION OF ACCOMPLISHMENTS**

The following section should be completed by the Nominator, or Nominee if this is a self-nomination.

Nominator’s Full Name:

Address:

City:       State:       Zip:

Phone:       Email:

Relationship to Award Nominee:

Describe the nominee’s significant accomplishments in each of the following areas:

1. Promoting oncology nursing certification, and
2. Pediatric oncology nursing service, and
3. **One** of the following areas of pediatric oncology nursing. The nominee, nominator, and recommendations must all address the same area of nursing practice. Please check one.

[ ]  Clinical Practice [ ] Education [ ]  Research

Begin typing your description in the field below. The field will expand to fit your text as you type.

**Biographical Sketch Form**

This information should be completed by the Nominee.

**NOMINEE’S PERSONAL INFORMATION**

Name:

Home Address:

City:       State:       Zip:

Home Phone (include area code):

Email:

**PROFESSIONAL, CIVIC, AND SOCIAL ORGANIZATIONS** (if relevant to nomination)

Name of Organization:

Position:       Date(s) of Service:

Name of Organization:

Position:       Date(s) of Service:

Name of Organization:

Position:       Date(s) of Service:

**PREVIOUS WORK EXPERIENCE** (if pertinent to award nomination) [ ]  check here if not applicable.

Institution:

Title:

Description of Responsibility:

Institution:

Title:

Description of Responsibility:

1. **PROMOTION OF CERTIFICATION**

Describe how you have promoted pediatric oncology/hematology nursing certification. Begin typing your description in the field below. The field will expand to fit your text as you type. Please limit to 300 words or less.

1. **SERVICE**

Describe how your activities have enhanced pediatric oncology/hematology nursing service. Begin typing your description in the field below. The field will expand to fit your text as you type. Please limit your description to 300 words or less.

1. **PEDIATRIC ONCOLOGY NURSING PRACTICE**

Check one area of pediatric oncology hematology nursing practice for consideration for this award. The Nominee, Nominator, and recommendations must all address the same area. Please check one:

[ ]  Clinical Practice [ ]  Education [ ]  Research

Describe accomplishments in one area of pediatric oncology/hematology nursing practice. Begin typing your description in the field below. The field will expand to fit your text as you type. Please limit to 300 words or less.

Will you be attending the APHON Annual Conference? [ ]  Yes [ ]  No

 **Nominations must be received by the deadline at** **ONCCNominations@oncc.org**

**Please contact:**

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