The Oncology Nursing Certification Corporation is now accepting nominations for the Advanced Oncology Certified Nurse of the Year Award. This annual award recognizes an outstanding AOCN®, AOCNP® or AOCNS® who has made significant contributions to advanced oncology nursing practice and oncology service, and who has supported and promoted oncology nursing certification.

The Advanced Oncology Certified Nurse of the Year will receive $1,000 and a crystal award at the Recognition Breakfast for Oncology Certified Nurses at the ONS Annual Congress.

Both self-nominations and third party nominations are encouraged. Nominations must be received by **November 15.**

**AWARD CRITERIA**

Nominees must demonstrate leadership and accomplishments in the promotion of oncology nursing certification, oncology nursing service, and advanced oncology 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 oncology 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.

**Advanced Oncology Nursing Practice**

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

***Clinical Practice***

* Demonstrates leadership in the provision of quality advanced oncology patient care.
* Provides and/or directs comprehensive oncology care across the continuum of care.
* Designs and implements innovative approaches to the management of symptoms or responses to care.

***Education***

* Participates in the education of patients, families, and community members.
* Plans, develops, and presents formal and informal oncology-related educational activities for nurses, student nurses, and/or members of other disciplines.
* Generates educational oncology materials suitable for use by professionals or laypersons.

***Administration/Case Management***

* Creates an environment which facilitates psychosocial, developmental, and professional growth of oncology staff.
* Applies innovative strategies in the management of nursing staff and patient/family programs, and in the utilization of resources.
* Evaluates outcome data to coordinate oncology care effectively and efficiently.

***Consultation***

* Serves as an internal (staff) and external (community) oncology consultant.
* Articulates the role of the advanced practice oncology nurse across healthcare settings.
* Demonstrates oncology nursing expertise in the consultative role by serving as a model/mentor.

***Research***

* Actively participates in various phases of the research process to improve oncology patient care, i.e., investigator, reviewer, data collector.
* Serves as the principal investigator or co-investigator in nursing or multidisciplinary oncology research.
* Disseminates research findings through presentations and publications.

**ELIGIBILITY CRITERIA**

1. Nominees must be currently AOCN®-, AOCNP®-, or AOCNS®-certified at the time of application and award presentation.

2. 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 in that capacity or for two years immediately following.

**NOMINATON 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 Form (Complete both 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, oncology nursing service, and oncology nursing practice. Recommendation Letters must be provided by individuals other than the Nominee and Nominator.

1. Submit all nomination materials by email to [ONCCNominations@oncc.org](mailto:ONCCNominations@oncc.org) by **November 15.**
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 ONCC *Certification News*, ONCC social media pages,and/or other publications approved by ONCC.

**Nominations must be received by November 15. at** [**ONCCNominations@oncc.org**](mailto:ONCCNominations@oncc.org)

**Please contact:**

ONCC

125 Enterprise Drive

Pittsburgh, PA 15275-1214

Fax: 412-859-6167

Phone: 877-769-6622 (toll free)

Email: ONCCNominations@oncc.org

**Nomination Form**

**INSTRUCTIONS**

* The Nominator should complete Part 1 and 2. If this is a self-nomination, the Nominee may complete this form.
* Submit complete nomination by **November 15**

**PART 1: NOMINEE INFORMATION**

First Name:       Last Name:

Credentials:

RN License Number:       State:       Expiration Date:

Home Address:

City:       State:       Zip:

Position/Job Title:

Employer:

City:       State:       Zip:

Phone: Home:       Work:

Email:

Year of Original Certification:       Year Current Certification Expires:

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

**Recommendation Letters**

List the name and contact information of the two people who are providing Recommendation Letters. Note: Nominators and Nominees cannot provide recommendations.

1. Name:

Address:

City:       State:       Zip:

Phone:       Email:

2. Name:

Address:

City:       State:       Zip:

Phone:       Email:      **PART 2: DESCRIPTION OF ACCOMPLISHMENTS**

The Description of Accomplishments should be completed by the Nominator, or by the Nominee if this is a self-nomination.

Nominator’s Full Name:

Address:

City:       State:       Zip:

Daytime Phone:       Email:

Relationship to Award Nominee:

**Describe the Nominee’s accomplishments in the following areas:**

1. Promoting oncology nursing certification, and
2. Oncology nursing service, and
3. **Two** of the following areas of oncology nursing. The Nominee, Nominator, and recommendations must all address the same two areas of oncology nursing practice. Please check **two**:

Clinical practice  Education  Administration/Case Management

Consultation  Research

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

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**Biographical Sketch Form**

This information should be completed by the Nominee.

**NOMINEE CONTACT INFORMATION**

Name:

Home Address:

City:       State:       Zip:

Phone:       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 oncology 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 your professional activities that have enhanced oncology nursing. 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. **ADVANCED ONCOLOGY NURSING PRACTICE**

Check **two** areas of oncology nursing practice to be considered for this award. The Nominee, Nominator, and recommendations must all address the same two areas. Please check two:

Clinical Practice  Education  Administration/Case Management

Consultation  Research

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

Will you be attending the ONS Congress next year?  Yes  No

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