

Certified Pediatric Oncology Nurse of the Year Award

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 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 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 in that capacity, and for two years immediately thereafter.

NOMINATION INSTRUCTIONS

1. Save this form to your computer.
2. Submit all materials together. The Nominator or Nominee should coordinate the submission of materials for each nomination.
3. Include the following for each nomination:
 - Nomination Information (Complete both Part 1 and Part 2); and
 - Biographical Sketch information; and
 - **Two** Letters of Recommendation 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.
4. Submit all nomination materials by email to ONCCNominations@oncc.org
5. 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: the publication of the recipient's name, photo and/or excerpts from the nomination materials) in ONCC social media, and/or other publications approved by ONCC.

AI STATEMENT

Nominators/Applicants are prohibited from using Artificial Intelligence (AI) (e.g., ChatGPT, Claude, Google Gemini, Copilot) in the preparation of their application responses. Responses must be entirely original and of the nominator's/applicant's authoring.

Nominations must be received at 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

Certified Pediatric Oncology Nurse of the Year Award 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

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PART 1: NOMINEE INFORMATION

First Name:

Last Name:

Credentials:

RN License Number:

State:

Expiration Date:

Home City:

State:

Position/Job Title:

Employer:

Employer City:

State:

Zip Code:

Phone: 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

List the name and contact information of the two people who are providing Recommendation Letters.

Note: Nominators and Nominees cannot provide recommendations.

Recommendation 1:

Name:

City:

State:

Phone:

Email:

Recommendation 2:

Name:

City:

State:

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:

City:

State:

Phone:

Email:

Relationship to Award Nominee:

Describe the nominee's 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 practice. The nominee, nominator, and recommendations must address the same area of oncology nursing practice. Please check one.

Clinical Practice

Education

Research

Please use the next page to enter your description.

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Description of Accomplishments

BIOGRAPHICAL SKETCH FORM

This information should be completed by the Nominee.

Nominee Contact Information

Name:

City:

State:

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 certification in pediatric oncology/hematology nursing certification. Use the field below to type your description. Please limit to 300 words or less.

2. Service

Describe your professional activities that have enhanced pediatric oncology/hematology nursing service. Use the field below to type your description. Please limit to 300 words or less.

3. Pediatric Oncology Nursing Practice

Check **one** area of pediatric oncology/hematology nursing practice that should be considered for this award. The Nominee, Nominator and Recommendations should all address the same area. Please check one:

Clinical Practice

Education

Research

Use the field below to type your description. Please limit to 300 words or less.

Will you be attending the APHON Annual Conference? Yes No

I attest that the information provided here was authored by the nominator or nominee, and not generated by Artificial Intelligence (e.g., ChatGPT, Claude, Google Gemini, Copilot).

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