

# TCTCN™ of the Year Award

The Oncology Nursing Certification Corporation is now accepting nominations for the Transplantation and Cellular Therapy Certified Nurse of the Year Award. This annual award recognizes an outstanding TCTCN™ who has made significant contributions to TCT nursing and TCT nursing service, and who has supported and promoted TCT nursing certification.

The TCTCN™ of the Year will receive \$1,000 and will be presented with 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.

## **AWARD CRITERIA**

Nominees must demonstrate accomplishments in the following areas: promotion of TCT nursing certification, TCT nursing service, and TCT nursing practice.

### **Promotion of TCT Nursing Certification**

- Actively promotes TCT certification among nursing colleagues, other healthcare professionals, and healthcare consumers.

### **Service**

- Enhances the image of TCT nursing among the general public.
- Participates in community affairs, legislative activities, or in organizations that affect nursing.
- Enhances the image of TCT nursing among healthcare professionals.
- Participates in community education.

### **Oncology 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 TCT nursing which enhance quality patient care.
- Serves as an example to inspire oncology nurse peers.
- Demonstrates a commitment to the care of persons 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 TCT nursing.

#### *Research*

- Participates in the research process.
- Applies research findings to nursing practice.
- Conducts research that positively affects oncology patient care.

## **ELIGIBILITY CRITERIA**

1. Award nominees must be currently TCTCN™-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](mailto: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](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](mailto:ONCCNominations@oncc.org)

# TCTCN™ 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

*\*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.*

## 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 TCT 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 TCT nursing certification, and
2. TCT nursing service, and
3. **One** of the following areas of TCT 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 TCT 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 TCT nursing. Use the field below to type your description. Please limit to 300 words or less.

### 3. Oncology Nursing Practice

Check **one** area of TCT 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 ONS Congress next year?      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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