

NOMINATION PROCESS

The individual must be nominated by an MOLN member(s).

To be eligible for the nomination, the individual must meet the intention of the award.

Four (4) supporting letters of reference are needed. The letters of reference need to come from individuals who have a working relationship with the nominee. Two of the letters should come from the work setting and two external outside the work setting. References may come from peers, administrators, physicians, supervisors, students, physicians, community members or other colleagues.

I nominate Click or tap here to enter text. to be considered as a recipient of the **MOLINE AWARD**.

**In an attached document, please state how the nominee meets criteria, plus other information you believe is pertinent.**

Signature:Click or tap here to enter text. Date:Click or tap here to enter text.

***The following people will provide supporting documentation for this nomination:***

**REFERENCE #1**

RELATIONSHIP TO NOMINEE: Click or tap here to enter text.

NAME: Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

CITY, STATE, ZIP: Click or tap here to enter text.

PHONE: Click or tap here to enter text.

**REFERENCE #2**

RELATIONSHIP TO NOMINEE: Click or tap here to enter text.

NAME: Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

CITY, STATE, ZIP: Click or tap here to enter text.

PHONE: Click or tap here to enter text.

**REFERENCE #3**

RELATIONSHIP TO NOMINEE: Click or tap here to enter text.

NAME: Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

CITY, STATE, ZIP: Click or tap here to enter text.

PHONE: Click or tap here to enter text.

**REFERENCE #4**

RELATIONSHIP TO NOMINEE: Click or tap here to enter text.

NAME: Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

CITY, STATE, ZIP: Click or tap here to enter text.

PHONE: Click or tap here to enter text.

***Attach reference letters to this form, along with your document that supports the nominee.***

***Moline nominations along with supporting documents must be emailed or postmarked and sent to the MOLN office by July 1.***

**Send nominations to: Minnesota Organization of Leaders in Nursing**

**(MOLN) 1210 Broadway St. S., Suite 240**

**P.O. Box 185**

**Alexandria, MN 56308**

**TEL: (651) 955-9791**

**EMAIL: office@moln.org**