

NYSPANA Administrative Guidelines – Excellence in Clinical Practice Award

New York State PeriAnesthesia Nurses Association



NYSPANA

Reviewed and Revised 10/21/2016

Mission Statement

The New York State Perianesthesia Nurses Association advances nursing practice through education, research and standards

Policy Statements:

1. The goal of the Excellence in Clinical Practice Award is to recognize and support excellence in clinical perianesthesia nursing practice
2. Award Criteria:
 - Active member of ASPAN
 - Minimum of three years' direct care experience in perianesthesia nursing
 - Clinician whose practice exemplifies a high level of compassion and specialty expertise in perianesthesia nursing
 - Participates actively in nursing programs, committees, or projects resulting in value-added contributions to perianesthesia nursing
3. The award will consist of:
 - Complimentary NYSPANANA State Conference Registration for the current year
 - Two nights' double occupancy lodging for the conference
 - Certificate of Excellence
 - ASPAN membership dues reimbursement
 - Announcements in Breath line, Up to Par, and NYSPANANA website
4. The BOD will determine the winner
5. The Excellence in Clinical Practice Award will be presented at the annual New York State Conference
6. Nomination forms and letter of reference forms are available on the website

Procedure:

- Information regarding this award will be placed in Up to Par by the Education Chair
- A completed nomination form and two completed letters of reference forms will be electronically sent to the Education Chair by March 1st
- Nominations postmarked after March 1st will not be considered
- The nominations will be voted on at the 1st BOD meeting of the year
- The NYSPANANA Education Chair will notify the recipient and the runners up
- The award must be used within the year awarded or it will be forfeited
- The award is non-transferrable

Policy and Procedure - Excellence in Clinical Practice Award Nomination/Reference Form

New York State Perianesthesia Nurses Association Excellence in Clinical Practice Award: Nomination/Reference Form

Nominator's Information:

Name: _____

Email: _____

Contact phone number: _____

Nominee's Information:

Name: _____

Email: _____

Employer: _____

Department: _____ Position: _____

Number of years in current position: _____

The nominee has a minimum of three years of direct care experience in perianesthesia nursing (required; 5 points): _____

Current member of NYSPANANA (required; 5 points): _____

CPAN or CAPA (5 points possible): _____

Describe how the nominee's clinical practice demonstrates a high level of compassion (30 points possible):

Describe why the nominee is recognized as a clinical expert in the specialty of perianesthesia nursing (30 points possible):

Describe the nursing programs, committees, or projects the nominee has actively participated in and have resulted in value-added contributions to perianesthesia nursing (25 points possible):

Send two completed nomination/reference forms (Word or pdf) by March 1st to:

NYSPANANA's Education Chair at:
barbochampaugh@verizon.net