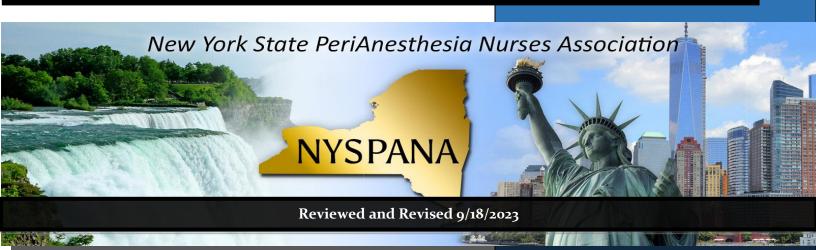
# NYSPANA Administrative Guidelines – Excellence in Clinical Practice Award



## Mission Statement

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

# Policy and Procedure - Excellence in Clinical Practice Award

### **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 valueadded contributions to perianesthesia nursing
- 3. The award will consist of:
  - Complimentary NYSPANA State Conference Registration for the current year
  - Two nights' double occupancy lodging for the conference
  - Certificate of Excellence
  - ASPAN membership dues reimbursement
  - Announcements in ASPAN's Breath Line and NYSPANA website
  - Consider forwarding application to ASPAN Clinical Nurse of Excellence
- 4. The BOD will decide on the winner
- 5. The Excellence in Clinical Practice Award will be presented at the annual New York State Conference
- 6. Nomination 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 sent to the BOD by October 15<sup>th</sup>
- Nominations postmarked after October 15<sup>th</sup> will not be considered
- The nominations will be voted on at the next BOD meeting
- The BOD NYSPANA 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 Form

### New York State Perianesthesia Nurses Association Excellence in Clinical Practice Award Nomination Form

Nominator's Information:
Name:
E-mail: Contact phone number:
Nominee's Information:
Name:
E-mail:
Employer:
Department: Position:
Number of years in current position:
Number of years in current position:  The nominee has a minimum of three years of direct care experience in perianesthesia nursing:
Current member of NYSPANA:
CPAN or CAPA:
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Describe how the nominee's clinical practice demonstrates a high level of compassion:
Describe why the nominee is recognized as a clinical expert in the specialty of perianesthesia nursing:
Describe the nursing programs, committees or projects the nominee has actively participated in and have resulted in value-added contributions to perianesthesia nursing:
Send this completed nomination form and two completed letter of reference forms by October 15 <sup>th</sup> to: <a href="mailto:nyspana@gmail.com">nyspana@gmail.com</a>

New York State Perianesthesia Nurses Association Excellence in Clinical Practice Award