

# NYSPANA Administrative Guidelines – Excellence in Clinical Practice Award

*New York State PeriAnesthesia Nurses Association*



NYSPANA

Reviewed and Revised 9/18/2023

## **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 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: \_\_\_\_\_

The nominee has a minimum of three years of direct care experience in perianesthesia nursing:

Current member of NYSPANNA: \_\_\_\_\_

CPAN or CAPA: \_\_\_\_\_

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:

[nyspana@gmail.com](mailto:nyspana@gmail.com)

New York State  
Perianesthesia Nurses Association  
Excellence in Clinical Practice Award