Dear ATAOHN Members,

On behalf of your Board of Directors and the entire ATAOHN membership, it is my pleasure to announce the annual **ATAOHN Achievement Award**. Enclosed you will find an instruction sheet and nomination form.

This award was established in Austin in 1985 to recognize and honor our members for outstanding contributions to occupational health nursing. Contributions pertain to one or more of the following areas: Organizational, Educational, Community, and/or Plant Programs.

Our professional association is made stronger by each member’s contributions. Many hours of dedication and commitment at work, in the community and for the association have made our constituency effective and supportive for Central Texas nurses in the specialty field of Occupational Health. Let’s show our ongoing support for these fine efforts by recognizing an outstanding contributor among us each year.

Please review the attached instruction sheet and consider submitting a candidate’s name. Completed nomination forms should be emailed or sent by US mail to be received no later than 11-15-19 to:

\*ATAOHN Awards Committee Director

C/O Marcia Fowler, RN, MSN

10632 Floral Park Drive

Austin, Texas 78759

Email: mpfowler1151@gmail.com

The selected recipient will be awarded this honor at the **December 2019 Holiday Party.**

Sincerely,

Marcia Fowler, RN, MSN

ATAOHN Director of Awards

2019 ATAOHN ACHIEVEMENT AWARD

The constituent policy governing this award shall be as follows:

Qualification:

1. The nurse must be an active member of the Austin Texas AOHN for no less than one year.
2. The nurse shall have made outstanding contributions to occupational health or occupational health nursing in either organizational, educational, community or plan programs or activities.

Selection:

1. The basis for judging this award shall be by written recommendations submitted to the Director of Awards from any ATAOHN member. Only this special form used for this purpose will be acceptable.
2. Remember, each ATAOHN member may submit one candidate’s name to be considered each year.
3. The ATAOHN Board of Directors with the direction of the President shall then make the selection of the recipient by secret ballot.
4. The recipient will then be notified by the President or the Awards Director.

Presentation:

The award will be presented at the December 2019 Holiday Party.

2019 ATAOHN ACHIEVEMENT AWARD

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Manager/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School of Nursing, Name & location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has nominee been engaged in Occupational Health Nursing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Affiliations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OHN Offices held, past & present: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community and Civic Affiliations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check area or areas of Major Achievements: Organization Community

Educational Work programs other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required: *In narrative form*, please review special programs or projects participated in or initiated by the nominee and indicate the results of such effort. You may use the back of this page for this purpose.

\*Submit the application to the ATAOHN Awards Director (see contact information on cover letter, page 1) no later than DUE DATE of 11/15/2019.