2027 MNA AWARDS NOMINATION CHECK-LIST

THE NOMINATOR IS RESPONSIBLE FOR RETURNING THIS COMPLETED FORM WITH **ALL OF THE FOLLOWING:** (please verify that each item listed below has been included with this form).

1. _____ Massachusetts Nurses Association 2027 Award Nomination Form
2. _____ A statement indicating why the individual you have recommended qualifies for this award. (See attached criteria for each award). ***Address each criterion separately.***
3. _____ Resume/work history of nominee.
4. _____ One letter of support from an individual (other than the nominator) or structural unit giving examples of how the nominee meets the award criteria. **(Please limit to 150 words)**.

Nominations must be accompanied by the required information list above. Materials *may not* be sent under separate cover. Incomplete nominations will be returned to the nominator. Nominations received at MNA after the deadline will not be accepted. Nomination Recommendation Form is also available online at: https://action.massnurses.org/forms/awards-nomination-form/. Click on "About MNA", then "MNA Awards". Receipt of online submissions will be confirmed by email to the nominator. If you do not receive confirmation, please contact Liz Chmielinski at 781-830-5719 or **echmielinski@mnarn.org**.

Return to: MNA Awards Committee
Attention: Denise Soccio, DNP, RN
340 Turnpike Street
Canton, MA 02021

DEADLINE FOR RECEIPT OF ALL MATERIALS: January 1, 2027. Nominator is requested to keep a copy of material sent to MNA.