

Canadian Association of Hepatology Nurses (CAHN) Awards Nomination Form 2016

Contact information - Nominator:

Nominator's name: _____

Are you a CAHN Member: Yes ___ No ___

Address: _____ Phone #: _____

Email address: _____

2nd nominators name/ health care professional: _____

Contact information - Nominee:

Name of person being nominated: _____

Address: _____ Phone #: _____

Email address: _____

Is the nominated person a CAHN member: Yes ___ No ___

Award being nominated for (please check only one):

- Clinical practice Education Research Leadership

Please note 2 members must nominate an individual. Each nominator must attach a letter outlining how the nominee meets/exemplifies the criteria for this award.

Please submit completed form and support letters to:

CAHN Awards Committee
c/o Keri McGuire-Trahan (Chair, CAHN Awards Committee)
northbayhepc@gmail.com

Nomination deadline is: December 15, 2015

Signature of Nominator: _____

Date: _____