# CLINICAL EXCELLENCE AWARD - LPN/LVN

The SOHN LPN/LVN Excellence Award is to recognize and reward licensed practical nurses who have consistently demonstrated excellence in the delivery of skilled and compassionate care to the ORL-Head and Neck Patient.

PROCEDURE:

A. AWARD

1. The winner of the SOHN LPN/LVN Excellence Award will be selected by the Scholarship and Awards Committee.

2. The recipient will be recognized at the SOHN Annual Congress.

3. A plaque will be awarded in addition to the stipend.

B. CRITERIA

1. Current LPN/LVN license.

2. Current SOHN member with two consecutive years of membership.

3. A minimum of five years of ORL nursing.

1. Consistently demonstrates excellence in both technical and interpersonal skills.
2. Serves as a team player with other ORL nurses.
3. Eligible for award only once.

C. NOMINATION PROCESS

1. Completed nominations must be received by **July 1st**.

2. Nominations made on application form.

3. Nominations accepted from colleagues, patients and/or patient families.

1. Three letters of support must accompany the nomination:
2. One from the immediate supervisor.
3. One from a professional colleague.
4. One from a patient or patient family member.

D. REVIEW PROCESS

1. The President, Vice President, Executive Director and a Board Member will constitute the Scholarship and Award Committee.

2. Nominations with supporting application and letters will be reviewed by the committee.

3. The recipient is selected by the Scholarship and Awards Committee.

*LPN/ LVN Excellence Award application and Scoring form available from SOHN Headquarters.*

*Written: 2003*

*Reviewed: 2011, 2014, 2018, 2023, 2024, 2025*

# CLINICAL EXCELLENCE AWARD APPLICATION - LPN/LVN

DIRECTIONS:

1. The form is to be completed by the nominator.

1. Nomination must be typed
2. Nomination to be submitted to SOHN Headquarters by July 1

Email: info@sohnnurse.com

2. No more than four letters of support should accompany the application.

1. One (1) from the immediate supervisor (required)
2. Two (2) letters from colleagues
3. One (1) letter from a patient and/or family member

**Nominee Name and Credentials**:

**Personal Information**

Address:

Email:

Primary Phone Number:       Home:  Cell:  Work:

Back-up Phone Number:       Home:  Cell:  Work:

Current Licensure: State:       Number:

**Employment Information**

Employer Name:

Employer Address:

Current Job Title:

Brief Job Description:

**Verification of Employment *(to be completed by the Nominee's supervisor)***

I verify that       is employed as a LPN/LVN with the job title of.       at

Supervisor's Name:       Title:

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

**Information to be completed by Nominator**

Nominator’s Name:

Address:

Email:

Primary Phone Number:       Home  Cell  Work

Backup Phone Number:       Home  Cell  Work

1. How long have you known the nominee?

1. How do you know the nominee?

1. Please describe the Nominee's role in caring with patients with ORL diagnoses.

1. How has the Nominee demonstrated consistent excellence in delivering patient care?

1. What personal qualities enhance the Nominee's delivery of quality patient care?

1. Please provide 3 or more examples illustrating how Nominee has served as a role model for colleagues.

1. Describe a specific situation which exemplifies the Nominee's unique ability to provide compassionate, quality care to the ORL patient and family.

1. How does the Nominee participate in community activities and contribute to advancement of a positive image of nursing?