

## *WOC Nurse of the Year Award Application*

**Purpose:** To recognize a Wound, Ostomy, Continence nurse from the Iowa WOCN Affiliate. Eligibility: Current RN license and current member of the WOCN Society.  
Send completed application to by **August 29**.

**This document cannot be saved. It may be filled out online and printed only.**

*Please return to the Chairman of the WOC Nurse of the Year Committee. See Committee list and Membership Directory for contact information.*

Please complete the following information regarding the candidate. Please use additional sheets if necessary.

*Name of Nominee:*

*Current Place of Employment:*

*Educational Background:*

*Current Certifications:*

*Describe National WOCN involvement (Including any offices held):*

*Describe Committee Work (Including description of Chair position or as member):*

*Describe Iowa Affiliate Involvement (include Offices Held and Committee/Member Work):*  
Offices held

*Describe work on Special Projects (presentations, process improvement, quality outcomes)*

*Other Professional Organizations they belong to:*

*Describe other Community Activities:*

*Please tell us why you feel this WOC Nurse should be a recipient of this award.*

*Name/relationship to nominee:*

*Updated 07/11*