

WOC Nurse of the Year Award Application

Purpose: To recognize and affirm a Wound, Ostomy, Continence nurse from the WOCN Iowa Affiliate. Eligibility: Current RN license, Member of the WOCN.

Completed application - mail to Cathy Williams, 109 S Chestnut St., Crawfordsville, IA 52621, haroldandcathy@iowatelecom.net

Please complete the following information. You may contact the nominee if necessary. Please use additional sheets if necessary.

Name of Nominee: _____

Current Place of Employment:

Educational Background:

Current Certifications:

National WOCN involvement: (include dates if possible)
Offices Held

Committee Work:
Chair _____
Member _____

Iowa Affiliate Involvement: (include dates if possible)
Offices held _____

Committee Work:
Chair _____
Member _____

Process Improvement or Quality Outcome Projects

