



Patient/Family Educational Materials Award Nomination Form

This document is an electronic form fillable application. **Type** requested information in yellow form fields.

Printed Resource Material Video or Multimedia Resource Material
(Check One)

Nominator Information:

Name: _____ APHON Member# _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Email: _____

Institution: _____

Nominee Information:

Name: _____ APHON Member# _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Email: _____

Institution: _____

Title of Resource: _____

Brief description of resource (three sentences or less):

Check Category for Resource

- | | | |
|---|--|--|
| <input type="checkbox"/> Bone Marrow Transplant | <input type="checkbox"/> Cancer: General | <input type="checkbox"/> Central Venous Access Devices |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Neuro Oncology |
| <input type="checkbox"/> Radiation | <input type="checkbox"/> Siblings | <input type="checkbox"/> Solid Tumors |
| <input type="checkbox"/> Supportive Care: Home Care, School, Nutrition, Pain Management, etc. | | |

**Patient/Family Education Materials Award
Nomination Evaluation Form**

Criteria*	Meets Criteria or Does not meet the criteria
Applicant is a registered professional nurse with a minimum of 2 years experience in pediatric hematology/oncology nursing	
Applicant is proficient in pediatric hematology/oncology education and has contributed to pediatric hematology/oncology education at the local, state, national, or international level	
Program or materials are consistent with the APHON Scope of Practice and Outcome Standards for pediatric hematology/oncology nursing	
Program materials are relevant to pediatric hematology/oncology nursing practice	
Program or materials are well-developed with clearly identified objectives and evaluation criteria	
Acts as a role model or mentor	
Applicant is supportive and contributes to the development of professional pediatric hematology/oncology nursing practices	
Is a current member of APHON	
Is not a current member of the APHON Board of Directors	

*Letters of recommendation should also elaborate on the above criteria areas.

Submit completed application along with nominee's CV, and two letters of recommendation by **May 1, 2009**.

Applications may be submitted by doing **one** of the following:

Uploading it online at www.APHON.org

Send materials via email to info@APHON.org

Or by mailing the application packet to:

APHON

Attn: Awards

4700 W. Lake Ave

Glenview, IL 60025