

**MAGGIE KLINE NURSING AWARD
NOMINATION FORM**

Description of the Award: The Maggie Kline Award was established in 1989 to honor Maggie Kline who for several years coordinated the Continuing Education Program for Public Health Nurses in Georgia. The Maggie Kline Award is specifically designed for a Public Health Nurse or a Public Health Nurse Specialist who fulfills the nursing role in service delivery to public health clients and families through application of the Basic Skills Assessment Course.

Nominee Name: _____
Address: _____
City: _____ County: _____ GA Zip: _____
Agency: _____ Position: _____
Nominated by: _____
Address _____ City: _____ GA Zip: _____
Telephone: _____ FAX: _____
E-mail Address: _____

Nomination Requirements:

1. Public Health Nurse or Public Health Nurse Specialist
2. Activities demonstrate application of Basic Skills Course content
3. Services resulted in improved outcomes for clients and families

Criteria for Selection:

1. INNOVATION: How did the nominee do something that was new or unique?
2. IMPACT: What did the nominee do to improve the quality of Public Health services?
3. TIMELINESS: How did the nominee's activities address a current Public Health problem?
4. VISIBILITY: How did the nominee increase the community's awareness of Public Health?
5. INITIATIVE: How did the nominee demonstrate initiative or persistence in his/her activities?

The nomination form should not be longer than 4 pages including the Nomination Form. All 5 Criteria for Selection should be addressed. Attachments will not be accepted.

NOMINATION DEADLINE: JANUARY 10, 2013

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