

**APPLICATION FOR  
NJ HOSPITAL NURSE OF THE YEAR AWARD**



Applicant's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

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**Professional Membership and Development**

- Officer of a Professional Organization
  - Title \_\_\_\_\_
- Committee Member
  - Committee/Position \_\_\_\_\_
- Certification
  - Type of Certification \_\_\_\_\_
- Advanced Degree
  - Type of degree \_\_\_\_\_
- Provided presentation or in service
  - Title \_\_\_\_\_
- Mentoring Role
  - Purpose \_\_\_\_\_
- Community Service related to Health and Safety
  - Project \_\_\_\_\_
- Contributed to Research on a Relevant Topic
  - Topic \_\_\_\_\_
- Published an Article on a relevant topic
  - Title \_\_\_\_\_
- Continuing education credits in past year
  - Provide documentation \_\_\_\_\_
- Other \_\_\_\_\_

**Please attach pertinent information and supporting documentation.  
Submit application no later than the November meeting date.**

**Mail completed application to:  
Maureen Badaracco, RNC, BSN  
Bayonne Medical Center  
29 East 29<sup>th</sup> Street  
Bayonne, NJ 07002**