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**INTERNATIONAL  
TRANSPLANT  
NURSES  
SOCIETY**

## *ITNS Transplant Nursing Excellence Award Nomination Form*

(Please print clearly or type)

Name of person **submitting** the nomination:

\_\_\_\_\_

Return address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

ITNS membership # \_\_\_\_\_ Years as ITNS member \_\_\_\_\_

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Name of person being **NOMINATED** for the Nursing Excellence Award

\_\_\_\_\_

Years worked in Transplantation (>5) \_\_\_\_\_ Years as an ITNS Member (> 3) \_\_\_\_\_

Current Position / Employer:

\_\_\_\_\_ / \_\_\_\_\_

Signature of person doing the nominating:

\_\_\_\_\_ Date \_\_\_\_\_

*Nominations must be received or post-marked by July 15<sup>th</sup>.*

Please return completed nomination form and one-page typed narrative  
via fax 412-343-3959 or e-mail to [itns\\_admin@msn.com](mailto:itns_admin@msn.com)