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Nursing Excellence Award

HELEN VARTIGIAN MENTORING AWARD

Name of Candidate: _____

Address of Candidate: _____

Telephone #: Home _____ Business _____

E-mail: _____

Name of Person Nominating Candidate: _____

Address of Person Nominating Candidate: _____

Telephone #: Home _____ Business _____ E-mail: _____

Eligibility: RN

Using the form below, please give examples of how the candidate meets the criteria. Please submit your typed nomination to the Education and Practice Committee by 5:00 pm on April 22.

Please indicate how the candidate collaborates with the mentee to create learning experiences, a sense of inquiry and the development of a professional identity.
