



New York State Emergency Nurses Association Awards Application

Award _____

Nominee: Name _____

Address _____

Phone _____

Email _____

Credentials _____

ENA Member # if applicable _____

NYSENA chapter if applicable _____

Application submitted by:

Nominee Name _____

Address _____

Phone _____

Email _____

Credentials _____ Chapter officer _____

ENA Member # if applicable _____

NYSENA chapter if applicable _____

****Submit application form and supporting letters/documentation to NYSENA president elect at presidenelect@nysena.org by April 4 ****