

NEW YORK STATE EMERGENCY NURSES
ASSOCIATION AWARDS APPLICATION

Award _____

Nominee

Name _____

Address _____

Phone _W_____H_____

E-Mail _____

Credentials _____

ENA Member # if applicable _____

NYSENA chapter if applicable _____

Application Submitted by

Name _____

Address _____

Phone _W_____H_____

E-Mail _____

Credentials _____ Chapter Officer _____

ENA Member # if applicable _____

NYSENA chapter if applicable _____

Submit letter and any supporting letters/documentation to
NYSENA President Elect by March 15.

Martha Reid
presidentelect@nysena.org