



# ACNP

## AMERICAN COLLEGE OF NURSE PRACTITIONERS

### AWARD NOMINATION FORM

#### Nominee Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

ACNP Member:  Yes  No

I am nominating this candidate for the:

\_\_\_\_\_ Sharp Cutting Edge Award

\_\_\_\_\_ ACNP Community Service Award

\_\_\_\_\_ ACNP State Affiliate Award

#### Nominator Information:

Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

ACNP Member:  Yes  No

Please forward all materials to:

ACNP  
1501 Wilson Blvd., Suite 509  
Arlington, VA 22209

Phone: (703) 740-2529 Fax: (703) 740-2533  
Email: [acnp@acnpweb.org](mailto:acnp@acnpweb.org)

Deadline for Applications: **July 12, 2010**