Fort Wayne Nurses Ball
Excellence in Service and Care Award
2026 Nomination Form

Eligibility

• Nominee must be a licensed nurse in Indiana (LPN/LVN, RN, or APRN).
• Self-nominations are not accepted.
• Nominator should have firsthand knowledge of the nominee's work.

Nominator Information

Name: _____

Email: _____

Phone: _____

Relationship to Nominee: _____

Nominee Information

Name: _____

Credentials: _____

Employer: _____

Position: _____

City: _____

Narrative Questions

1. Describe how this nurse demonstrates exceptional clinical excellence.

_____

2. Share an example of extraordinary compassion.

_____

3. How has this nurse positively impacted patients, coworkers, or the community?

_____

4. Why should this nurse receive the Excellence in Service and Care Award?

_____

5. Additional comments:

_____

I certify the information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____

Submission Instructions

Please submit the completed nomination form to **amanda@fwnursesball.com**.