



AWARD OF
EXCELLENCE
for Canadian
Occupational Health
Nurses

*Leaders Advancing Health and Safety for the Wellbeing
of Canadian Workplaces*

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Committee Members

COHNA-ACIIST gratefully acknowledges the Alberta Occupational Health Nurses Association (AOHNA) for allowing COHNA-ACIIST to use their guidelines as a basis for our awards.

In May 2008 COHNA Recognition Awards were updated by COHNA Board of Directors and were revised again in July 2012, and March 2024.

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Purpose

To encourage all Canadian Occupational Health Nurses to work toward continued professionalism and excellence in occupational health nursing and active participation in COHNA-ACIIST.

Objectives

To recognize members who demonstrate extraordinary involvement and achievement in occupational health nursing at the provincial, national, and international level.

To recognize members who make outstanding contributions to occupational health nursing practice, education, and research.

To recognize occupational health nurses who have made significant contributions during their occupational health nursing careers.

This award is designed to honour and recognize active COHNA-ACIIST members who demonstrate extraordinary involvement and achievement in occupational health nursing at a local, provincial/territorial and/or national level. The award recognizes a combination of:

- outstanding occupational health nursing endeavours in areas of practice, education, research and/or leadership in mentoring others.
- outstanding volunteer endeavours, which reflect commitment and leadership within the occupational health community.

Eligibility Criteria

Each nominee must:

- Be actively engaged in occupational health nursing practice, education, or research.
- Be an active member of COHNA-ACIIST.
- Consent in writing to have his/her name stand.

Selection Criteria

- The nominee, during her/his career, has exhibited a high degree of professional ability in occupational health nursing without excluding such other areas that recognize the importance of practice, education and/or research. OR
- The nominee has demonstrated leadership and/or made a significant volunteer contribution to COHNA-ACIIST. OR
- The nominee has, through participation, leadership and/or innovative achievement, made an outstanding individual contribution to the profession that has resulted in improvement of the quality of practice and/or furthered the profession of occupational health nursing at the local, provincial, national and/or international level.

Nomination Process

- The COHNA-ACIIST Board invites members to apply for the Award of Excellence by October 15 of each year.
- At least two COHNA-ACIIST members must sign each nomination.
 - Nominations must be submitted to the COHNA-ACIIST Office using the form provided. Confirmation of receipt of nomination will be sent to nominator.

Selection of Award Recipient

- All nominations will be made available in confidence and reviewed by the COHNA-ACIIST Board.
- Names of nominees will not be disclosed.
- The COHNA-ACIIST Board will act as the selection committee. There will be only one recipient of this award per year. No award may be given if nominees do not meet the criteria.
- All documentation will be filed electronically with the COHNA-ACIIST Office.
- The COHNA/ACIST President will notify the award winner and the employer of the award winner in writing.

Presentation of the Award

- The presentation of the award will be made by the COHNA-ACIIST President or given to the regional director for presentation to the recipient if possible.
- The award recipient will receive recognition on the COHNA-ACIIST website.

COHNA-ACIIST Award of Excellence Nomination Form

Nominee Information

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Contact: **Home:** Click or tap here to enter text. **Work:** Click or tap here to enter text.

Email: Click or tap here to enter text.

Years as OHN: Click or tap here to enter text.

Years as COHNA-ACIIST member: Click or tap here to enter text.

Employment Information

Place of Employment: Click or tap here to enter text.

Position: Click or tap here to enter text.

Address: Click or tap here to enter text.

Employment Years of Service: Click or tap here to enter text.

Person Reporting to in Organization: Click or tap here to enter text.

Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Do you wish us to send a letter of acknowledgement to your employer? ☐ Yes ☐ No

Nominator's Signature: _____ **Date:** _____

Second Nominator's Signature: _____ **Date:** _____

Documentation of qualifications and contributions of the Nominee based on selection criteria, including demonstration of active involvement at a provincial or national level: Click or tap here to enter text.

Nominee Consent

Should I be a successful candidate, I ☐ do ☐ do not consent to my name and picture being posted on the COHNA website.

Nominee Name: Click or tap here to enter text. **Signature:** _____

Date: Click or tap to enter a date.

Please attach any supporting documentation based on selection criteria.