

MEMORANDUM

Date: February 2025

To: Nursing Directors, Nurse Consultants and Members of NCAPHNA

From: Magean Trull
Chair of Recognition, Communication & Technology

Subject: Submitting Awards Nominations to the NCAPHNA

We are planning to present Awards during the annual NCAPHNA Conference & Business Meeting in November 2025

Awards: We have tons of opportunity – recognize those who have gone above and beyond the past 12-18 months!

Types of Awards for which nominations are accepted:

- A. Estelle Fulp: To be given to a member of the Association who has made significant contributions to the work of the Association, to public health nursing or to patient care over a period of time.
- B. Non-Member Individual or Group: To be presented to a non-member individual or group who has made outstanding contributions to the work of NCAPHNA or public health nursing.
- C. Committee: To be presented to an Association committee which has functioned outstandingly during the current year or cumulative years.
- D. Honorary Membership: *Past members who made significant contributions* to the Association during membership years may have honorary status bestowed upon them by the Association.

Presidential Recognition Award:

To be presented annually to the outgoing President by the incoming President; in recognition of the contributions and leadership skills exhibited in behalf of the Association.

All **awards should be submitted** by **September 15, 2025** via email: Maegan.Trull@unioncountync.gov OR govboard@ncaphnanursing.org. If you have any questions, please contact Maegan Trull at 704.296.4878 or via email.

Thank you for your participation in NCAPHNA.

Attachments:

Awards Nomination Form

NORTH CAROLINA ASSOCIATION OF PUBLIC HEALTH NURSE ADMINISTRATORS
AWARD NOMINATION FORM

Instructions: Please complete this nomination form. Letters of endorsement by and large are discouraged but may, of course, be filed. Be reminded that the Awards Committee will already know much about you nominee.

NOMINATION FOR: Estelle Fulp Non-Member
(individual or group) Committee Honorary Membership

CALENDAR YEAR: _____

PERSON/GROUP NOMINATION: _____

(Title of Nominee(s))

(Place of Employment with Address)

PROFESSIONAL AFFILIATIONS (OFFICES HELD, APPOINTMENTS, ECT.):

EDUCATION: _____

PREVIOUS AWARDS: _____

BRIEF STATEMENT OF ENDORSEMENT OF NOMINATIONS: (USE ADDITIONAL SHEETS AS NEEDED)

NOMINATED BY: _____

DATE: _____