

NYS ID/DD Nurses Association - Joyce Binder Memorial Award

NOMINATION FORM

Nominations are accepted throughout the year. Nominations received by July 31 will be eligible for consideration for the 2024 Joyce Binder Memorial Award.

Email completed nomination form to the NYS ID/DD Nurses Association at information@nysiddna.org.

Nominee: Name, Degree, and Title:

Experience of Nominee

Information about the Nominee:

1. Describe how this nurse has/will change the quality of life and has made a positive impact for the people he/she supports. *Your response should be 150-500 words.*

2. Describe the attributes this nominee has demonstrated. *Your response should be 150-500 words.*

Caring/Compassion • Advocacy, Mentoring • Leadership • Dedication • Education • Research

Name of Nominating Person

Relationship to Nominee

<input type="text"/>	<input type="text"/>
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Your Email Address

Your Phone Number

<input type="text"/>	<input type="text"/>
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Date Submitted

This form is available on the NYSIDDDNA website (www.nysiddna.org) under the Awards tab.