



Panhandle Great 25 Nurses 10th Anniversary Nomination

The Panhandle Great 25 Nurses Award recognizes outstanding Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs) serving the Texas Panhandle. Thank you for taking the time to nominate an extraordinary nurse.

Deadline: May 31st by 11:59 PM

Late or incomplete nominations will not be considered.

Important Information Before Beginning

1. Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs) with at least five years of practice in the Texas Panhandle are eligible. Healthcare colleagues, peers, supervisors, family, and friends may nominate. Twenty-five nurses will be selected.
2. Nominators should interview the nurse to ensure all criteria are addressed.
3. Nomination narratives should include specific examples demonstrating:
 - Leadership qualities
 - Community service
 - Compassionate caregiving
 - Significant professional contributions
4. Do not include identifying information in narrative responses. Refer to the nominee as **“the Nurse.”** Judges will not have access to demographic information.
5. Only one nominee per nominator will be accepted.

Nominee Information

1. **Name and Credentials:** _____
2. **License Type:** RN LVN
3. **Place of Employment & Job Title:** _____
4. **Year of RN/LVN License:** _____
5. **School(s) of Nursing & Degrees:** _____
6. **Email Address:** _____
7. **Primary Phone:** _____
8. **County of Primary Practice:** _____
9. **Primary Occupational Role (Mark One):**
 - Administration/Management/Leadership
 - Advanced Practice Nurse (Practitioner, CRNA, CNM, Clinical Specialist, Consultant)
 - Clinical Patient Care Setting



- Community Health (Occupational Health, Public Health, Home Health/Hospice, School, Clinic)
- Educator (Acute Care, Community/Agency, Higher Education, Clinic)
- Other (Retired, Entrepreneur, Consultant)

10. Professional Organizations (List all):

Nominator Information

1. **Name:** _____
 2. **Place of Employment & Title:** _____
 3. **Email Address:** _____
 4. **Primary Phone:** _____
 5. **Relationship to Nominee:**
 - Peer
 - Subordinate
 - Supervisor
 - Family
 - Other (Specify): _____
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4. **Significant Professional Contributions-** Explain how the nurse has impacted the profession.

Thank you for nominating a worthy nurse for the Panhandle Great 25 Nurses Award. Your comments may be used in marketing, promotional materials, or with local media as requested.

Checkbox (Required)

- I confirm the information provided is accurate
- I understand this nomination may be used in promotional materials

How did you hear about this award?

- Social Media
- Employer
- Website
- Previous Recipient
- PG 25 Committee Member
- Other _____



**Consent to Photograph, Record, and Use of Likeness and Statements
Including Social Media & Marketing Release**

I, the undersigned, hereby give my full and voluntary consent to be **photographed, videotaped/filmed, interviewed, and/or recorded** by or on behalf of the **Panhandle Great 25 Nurses** organization.

I authorize the use of my image, voice, name, likeness, and any statements or written materials (including those derived from interviews) for purposes related to the mission and promotion of the Panhandle Great 25 Nurses, including but not limited to:

- Social media posts and stories (e.g., Facebook, Instagram, LinkedIn, X)
- News coverage by television, newspapers, radio, internet, or other media
- Video news releases
- Marketing materials and advertisements
- Internal and external promotional videos
- Website content and organizational newsletters

I understand and agree that:

- I will not receive compensation or payment now or in the future for the use of such materials.
- I waive any right to inspect or approve the finished product or its use.
- This consent is granted without geographic or time limitation.

I hereby release, indemnify, and hold harmless the **Panhandle Great 25 Nurses**, its employees, agents, representatives, sponsors, and affiliates from any and all claims, demands, and causes of action arising out of or in connection with the use of my likeness, voice, name, or personal information, including but not limited to claims for defamation, invasion of privacy, or infringement of moral rights or rights of publicity.

I acknowledge that I have read and fully understand the terms of this release prior to signing.

Signature _____ Date _____

Please Print:

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Mission: To identify, celebrate, and elevate extraordinary nursing professionals in the Panhandle region.

Revised 6/2025