



National League *for* Nursing Accrediting Commission, Inc.

PROGRAM EVALUATOR NOMINATION FORM

Clinicians are an integral part of the site visit for review of all nursing program types. They help to ensure that graduates are adequately prepared for contemporary nursing practice. NLNAC is seeking nominations for master's prepared clinicians as program evaluators.

Individuals for consideration:

- ◇ agree to represent NLNAC and apply the standards and criteria objectively and fairly;
- ◇ hold a position in a clinical practice environment;
- ◇ have knowledge of current issues in nursing education and practice; and
- ◇ have a history of involvement in community and/or professional organizations.

To submit a nomination, complete this form and mail or fax to NLNAC. Nominations may also be submitted online at www.nlnac.org

NOMINEE INFORMATION

Full Name: _____ Credentials: _____
 Position: _____ Work Agency: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____
 Mobile: _____

Please use the space below to tell us about the individual you are nominating and why you feel he/she will be an asset as an NLNAC Program Evaluator. Be sure to include information such as clinical expertise, years in practice, and other qualifications.

NOTE – If the space provided is not sufficient, you may continue on the back of this form or on a separate sheet of paper. You may also attach other supporting documentation with your submission.

NOMINATOR INFORMATION

Full Name: _____ Credentials: _____
 Position: _____ Work Agency: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

FOR NLNAC OFFICE USE ONLY

Date Received: _____ Reviewed By: _____ Status: _____
 Comments: _____

