



College of Nursing

Center for Professional Development

DEADLINE FOR SUBMISSION: January 15, 2008

SECOND ANNUAL JULIA AND JOE QUINLAN AWARD

NOMINATION APPLICATION

NOMINATOR

NAME: _____

TITLE: _____

INSTITUTION/AFFILIATION: _____

ADDRESS: _____

PHONE: _____

FAX: _____ EMAIL: _____

SIGNATURE: _____

NOMINEE

NAME: _____

TITLE: _____

INSTITUTION/AFFILIATION: _____

ADDRESS: _____

PHONE: _____

FAX: _____ EMAIL: _____

Please describe how the nominee meets the criteria for the **Joe and Julia Quinlan Award**. Please include any other information about the nominee that you think is appropriate. Nomination should not exceed one page.

Award is to be presented at the Third Annual NJ-ELNEC Conference to be held on March 27-28 2008 in Atlantic City, New Jersey