



## Elaine K. Sherwood Service Award

I nominate \_\_\_\_\_ for the Elaine K. Sherwood Service Award. She/He has shown outstanding commitment to the work for MONE as demonstrated by the following: (Refer to attached criteria as a guide and list criteria you feel the nominee fulfills with examples of each.)

Signature: \_\_\_\_\_ Phone No. \_\_\_\_\_

Email address: \_\_\_\_\_

You may be contacted if additional information is needed. Nominations must be received at the MONE office by **May 7, 2010**. Mail to: MONE, 101 Cambridge Street, Suite 110, Burlington, MA 01803 or Fax to 781-272-3505, or E-mail to [info@massone.org](mailto:info@massone.org)

# **Massachusetts Organization of Nurse Executives**

## **Elaine K. Sherwood Service Award**

**PURPOSE:** To recognize outstanding commitment and contributions to the work of MONE.

**Process:**

1. Nominations for the award are submitted in writing by the MONE Elected Board Members and Committee Chairs.
2. Selection of the award recipients is made by the President, the immediate Past President and the President-Elect.
3. One or more nominees may be honored in a given year. The award(s) are given at the June Annual Meeting.

**Selection Criteria:**

1. Member of MONE in good standing.
2. Outstanding time commitment to the organization.
3. Longevity of continued service to the organization in a variety of activities.
4. Excellent Project Management/Leadership abilities.
5. Dependability in committee work and willingness to take on assignments in service to the organization.
6. Supporter of MONE and mentor to peers and others developing in the organization.