



Saskatchewan PeriOperative Registered Nurses' Group

PROFESSIONAL LIFETIME ACHIEVEMENT AWARD

Nomination Form

1. NAME OF NOMINEE: _____

2. ADDRESS: _____

_____ POSTAL CODE: _____

PHONE: _____

3. PLACE OF EMPLOYMENT: _____

PHONE: _____

4. DATE SUBMITTED: _____

5. SPONSORED BY (name, address, phone number)

1. _____

PHONE: _____

2. _____

PHONE: _____

6. MEMBER OF SRNA: yes ___ no ___ MEMBER OF SORNG: yes ___ no ___

7. DESCRIBE NOMINEE'S CONTRIBUTION TO PERIOPERATIVE NURSING:
