



EMPLOYER RECOGNITION AWARD

PURPOSE

The WOCNCB Employer Recognition Award is awarded annually to honor an organization that has demonstrated exemplary support of the certification process in WOC nursing.

The WOCNCB's Awards Program supports the mission to:

Promote the highest standard of consumer care and safety by providing credentialing in the areas of wound, ostomy, continence and foot care nursing.

ELIGIBILITY CRITERIA

1. A current WOCNCB Certificant or Certificants must nominate an organization for consideration. Current WOCNCB of Directors are prohibited from nominating an organization. An organization cannot be selected more than one time in a five-year period.

2. Nominees must meet one or more of the following requirements and documented evidence must be submitted.

- WOCNCB credentials are mentioned in advertisements, web postings, and/or job descriptions when recruiting WOC nurse positions (e.g., CWOCN is preferred, desired, or required).
- Financial support for certification or recertification is provided.
- Organization-wide recognition of achievement of the WOCNCB credentials are published or otherwise communicated.
- Salary recognition upon attainment and maintenance of the WOCNCB credentials is awarded to the certified nurses.
- Other ways the organization recognizes/supports certification.

3. Nominators must submit an essay describing the organization's other methods of recognition, appreciation, encouragement and advancement of the WOCNCB credentials.

NOMINATION INSTRUCTIONS

Before completing this nomination form please read the instructions carefully. Inquiries about this nomination process may be addressed to the WOCNCB office by calling 800-496-2622 or emailing info@wocncb.org. **You must submit the completed nomination form and all supporting documents postmarked by JANUARY 31ST.**

This nomination includes three parts. Any nomination which is not complete with all three sections will not be considered. They are:

- 1. Nomination Form**
- 2. Certification Support Evidence**
- 3. Essay**



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All nomination information can be submitted via email to info@wocncb.org, or sent by fax to 1-414-276-2146, or mailed to:

WOCNCB Office
c/o Certification Grant Application
555 E. Wells Street, Suite 1100
Milwaukee, WI 53202

NOMINATION REVIEW AND SELECTION PROCESS

Nominations are reviewed as follows:

1. All nominations postmarked by January 31st will be checked for completeness, assigned a Nominee Number and identifying information will be removed by the WOCNCB staff. All nominations, along with a review form, will be mailed to the WOCNCB for review during the first week in February.
2. The WOCNCB will review each nomination using a point system.
3. All completed review forms will be returned to the WOCNCB office for tabulation by March 10th. All scores from the WOCNCB point totals will be compiled and averaged.
4. During the March WOCNCB meeting, the results of the tabulation will be discussed and the top nominee will be selected.
5. A letter notifying the selected nominee will be sent directly from the WOCNCB office no later than April 30th.

Criteria used in selection of nominees include, but are not limited to the following:

- Strength in support for certification
- Ability to demonstrate the importance of certification throughout the entire organization
- Essay

AWARD CONTENT

Each award will include the following:

- WOCNCB certification or recertification award in the amount of \$1,000.00.
- Award plaque presented to a representative of the awarded organization at the WOCN Society Conference.
- Announcement of awarded organization in the Spring WOCNCB newsletter.
- Announcement of awarded organization on the WOCNCB website (www.wocncb.org).
- A press release sent to WOCNCB media contacts, and a press release to be used by the organization.



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NOMINATION FORM

(Deadline: January 31st postmark)

Before completing this nomination form please read through the above guidelines carefully.
Incomplete or late nominations will not be considered. Please print or type.

Nominator(s) Information

Name(s) of WOCNCB credentialed nurses making the nomination

Address

City / Town

State / Province

Postal / Zip Code

Country

Telephone

Fax

E-mail Address (main contact only)

Telephone (Alternate)

Organization Information

Name of Organization being nominated

Name of person within organization who should be notified and invited to receive the award

Address

City / Town

State / Province

Postal / Zip Code

Country

Telephone

Fax

E-mail Address

Certified Nurses

How many WOCNCB credentialed nurses does the nominated organization employ?



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CERTIFICATION SUPPORT EVIDENCE

Please provide evidence of how the nominated organization meets the following criteria. Include detailed documentation/examples.

1. Include copies of ads or job descriptions that indicate any WOCNCB credential requirements.
2. Describe and include documentation of financial support for certification or recertification of the WOCNCB credentials.
3. Briefly describe and include documentation of organization-wide recognition of achievement of the WOCNCB credentials.
4. Describe and include documentation of salary recognition after attaining and maintaining the WOCNCB credentials.
5. Other ways the organization recognizes/supports certification.



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ESSAY

Submit an essay describing the employer's other methods of recognition, appreciation, encouragement and advancement of the WOCNCB credentials.

Do not specify the organization by name. Always refer to the organization as "Nominee". The essay length should not go beyond two pages, typed.

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