Philippine Nurses Association
1663 F.T. Benitez Street
Malate, Manila

ANASTACIA GIRON TUPAS AWARD

NOMINATION FORM

ID PICTURE (colored 2 x 2 with White background)

Name of Endorsing Chapter: _____

Address : _____

_____

_____

_____

Contact Nos : _____

Chapter President (Signature over printed name) :

_____

Governor(Signature over printed name) :

_ _

Name of Nominee : **LAST NAME** _____

FIRST NAME _____

MIDDLE NAME _____

Profession : _____

PRC Lic. No. : _____ Expiry Date _____

PNA Membership No: _____ ☐ Life time ☐ Regular

Pls. check appropriate box: ☐ Practicing ☐ Employed in Government

Residence Address: _____

_____

Res. Tel. /Fax No : _____

Present Position : _____

Name of Office : _____

Address : _____

_____

Office Tel/Fax No : _____

ANASTACIA GIRON TUPAS Award
EXECUTIVE SUMMARY

NOMINEE'S
NAME:_____
NOMINATED BY:_____
ENDORSED BY: _____

NOTE: The executive summary must follow the contents given below.

I. Personal Profile

A. Educational Attainment
B. Career background, range of work, scope of responsibilities
C. Character, integrity and moral values

II. Outstanding Achievements and Exceptional Contributions

A. Participation in (Briefly describe for each area the level or type of participation or activities performed and length of involvement)

1. government
2. professional
3. socio-civic
4. religious organizations

B. Awards and recognition (Note in chronological order; indicate type of award; meritorious works done & the awarding body)

PROFESSIONAL:

1. Regional and National
2. International

SOCIO-CIVIC, RELIGIOUS AND OTHERS

1. Regional and National
2. International

III. Impact of the nominee's outstanding achievements to

A. the Profession
B. Socio-economic and/or cultural development
C. Geographic development

IV. TO BE ANSWERED BY THE NOMINEE:

In not more than 300 words, why do you believe you deserve to be given this award?

Philippine Nurses Association
1663 F.T. Benitez Street
Malate, Manila
GAWAD HUWARANG NARS ng BAYAN

ID PICTURE (colored 2 x 2 with White background)

NOMINATION FORM

Name of Endorsing Chapter: _____

Address : _____

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_____

Contact Nos : _____

Chapter President (Signature over printed name) :

_____

Governor(Signature over printed name) :

_____

_____
_____
_____

_ _

Name of Nominee : **LAST NAME** _____

FIRST NAME _____

MIDDLE NAME _____

Profession : _____

PRC Lic. No. : _____ Expiry Date _____

PNA Membership No: _____ ☐ Life time ☐ Regular

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Res. Tel. /Fax No : _____

Present Position : _____

Name of Office : _____

Address : _____

_____

Office Tel/Fax No : _____

GAWAD HUWARANG NARS NG BAYAN

EXECUTIVE SUMMARY

Nominee's Name:_____

NOMINATED BY: _____

ENDORSED BY:

_____

NOTE: The executive summary must follow the contents given below.

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PROFESSIONAL:

1. Regional
2. National

SOCIO-CIVIC, RELIGIOUS AND OTHERS

1. Regional
2. National

III. Impact of the nominee's outstanding achievements to

A. the Profession

B. Socio-economic and/or cultural development

B. Geographic development

IV. TO BE ANSWERED BY THE NOMINEE:

In not more than 300 words, why do you believe you deserve to be called a "Huwarang Nars"?

Philippine Nurses Association
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Malate, Manila

APPLICATION FOR MOST OUTSTANDING CHAPTER
FOR THE YEAR _____

Name of Zone/Chapter: _____ _____
Mailing Address:
_____
_____
_____
Telephone No: _____ Fax No:
_____
No. of Members as of : _____ Regular:_____ Life: _____
(Date)

We wish to apply for Chapter Accreditation. The following documents are attached with this application. (Tick all documents enclosed):

1. Duly accomplished application form.
2. Names, contact details and addresses of the duly elected & set of officers
3. Compliance to PNA requirements and guidelines
   organizational structure
   building ownership
4. Availability of amenities
5. Complete record keeping
6. Legal Documents complete, properly filed and available
   a.Ratified constitution and by-laws in place
   b. audited annual report
   c. supporting documents
   d.minutes of annual meeting
8. updated list of membership
9. implementation of PNA program thrusts for the year
10. active involvement of chapters in
    a. community service
    b. local/regional & national sponsored activities

We certify that all information corresponding hereto are correct and verified.

_____
Signature and Printed Name of Chapter President

_____
Date

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NOMINATION FORM

Name of Endorsing Chapter: ______________________________________

Address : ____

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____

Contact Nos : ____

Chapter President (Signature over printed name) :

____

Governor(Signature over printed name) :

____

____

____

____

_ _

Name of Nominee : **LAST NAME** ____

FIRST NAME ____

MIDDLE NAME ____

Profession : ____

PRC Lic. No. : _______________________ Expiry Date ____________________

PNA Membership No: _____________ ☐ Life time ☐ Regular

Pls. check appropriate box: ☐ Practicing ☐ Employed in Government

Residence Address: ____

____

Res. Tel. /Fax No : ____

Present Position : ____

Name of Office : ____

Address : ____

____

Office Tel/Fax No : ____

Philippine Nurses Association
1663 F.T. Benitez Street
Malate, Manila

BAYANING NARS RECOGNITION

NOMINATION FORM

ID PICTURE (colored 2 x 2 with White background)

Name of Endorsing Chapter: _____

Address : _____

_____

_____

_____

Contact Nos : _____

Chapter President (Signature over printed name) :

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Governor(Signature over printed name) :

_____

_____
_____
_____

_ _

Name of Nominee : **LAST NAME** _____

FIRST NAME _____

MIDDLE NAME _____

Profession : _____

PRC Lic. No. : _____ Expiry Date _____

PNA Membership No: _____ ☐ Life time ☐ Regular

Pls. check appropriate box: ☐ Practicing ☐ Employed in Government

Residence Address: _____

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Res. Tel. /Fax No : _____

Present Position : _____

Name of Office : _____

Address : _____

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Office Tel/Fax No : _____

BAYANING NARS RECOGNITION

EXECUTIVE SUMMARY

Nominee's Name:_____

NOMINATED BY: _____

ENDORSED BY:

_____

NOTE: The executive summary must follow the contents given below.

I. PERSONAL PROFILE

A. Educational Attainment

B. Career background, scope of responsibilities

C. Character, integrity and moral values

II. DESCRIPTION OF THE VALIANT AND EXTRAORDINARY DEED DONE THAT EXEMPLIFIES LOVE OF GOD AND COUNTRY, CARING AND INTEGRITY BEYOND THE CALL OF DUTY

III. IMPACT of the nominee's deed on the client, family or community/institution .

IV. TO BE ANSWERED BY THE NOMINEE:

In not more than 200 words, why do you believe you deserve to be called a "Bayaning Nars"?