



Public Health Partner of the Year
Award Nomination

CRITERIA

1. A professional or organization who works in/collaborates with/advocates for Public Health Nursing.
2. Professional or organization nominee can be from any discipline.
3. Nominee has demonstrated a positive impact on Public Health Nursing.

Name of Nominee: _____

Telephone: _____

Please briefly describe how the nominee exemplifies the above criteria.

Your Name: _____

Telephone: _____

Please forward nominations to Debee Gash or Ella Shaykevich

29 Oakwood Avenue
Edison, New Jersey 08837

Ella Shaykevich, RN, MSN,MPA, PHCNS-BC, Co-President

Email address: President@njaphna.org

Deborah Gash, RN, MS, PHCNS-BC, Co-President

Email address: debdeg@verizon.net