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## 2019 EMPLOYER RECOGNITION AWARD

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### PURPOSE

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The WOCNCB® Employer Recognition Award is awarded annually to honor an organization that has demonstrated exemplary support of the certification process of WOCNCB® Wound, Ostomy, Continence (WOC) and Foot Care (FC) specialty nursing.

The WOCNCB®'s Awards Program supports the mission:

*WOCNCB® is committed to safe, patient-centered care by maintaining the Gold Standard in wound, ostomy, continence and foot care nursing.*

### ELIGIBILITY CRITERIA

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**1. A current WOCNCB® Certificant or Certificants must nominate an organization for consideration.** Current WOCNCB® Board 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 or FC 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

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Before completing this nomination form please read the instructions carefully. Inquiries about this nomination process may be addressed to the WOCNCB® office by calling 1- 888-496-2622 or emailing [info@WOCNCB.org](mailto:info@WOCNCB.org). **You must submit the completed nomination form and all supporting documents postmarked by FEBRUARY 15TH.**

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**

All nomination information can submitted via email to [info@WOCNCB.org](mailto:info@WOCNCB.org), or sent by fax to 1-414-276-2146, or mailed to:

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

\*All Employer Award submissions (photos and narratives) may be used by WOCNCB® for marketing purposes.

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### NOMINATION REVIEW AND SELECTION PROCESS

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**Nominations are reviewed as follows:**

1. All nominations postmarked by February 15th will be checked for completeness and assigned a Nominee Number.
2. All nominations, along with a review form, will be mailed to the WOCNCB® Awards Committee.
3. The WOCNCB® Awards Committee will review each nomination using a point system.
4. The results of the tabulation will be discussed in March 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 15<sup>th</sup>.

**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

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**Each award will include the following:**

- Award plaque presented to a representative of the awarded organization at the WOCN Society Conference.
- Announcement of awarded organization on the WOCNCB® website ([www.WOCNCB.org](http://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: February 15th

postmark)

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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

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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

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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

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How many WOCNCB® credentialed nurses does the nominated organization employ? \_\_\_\_\_



### **CERTIFICATION SUPPORT EVIDENCE**

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

1. All documentation listed below submitted must be “blinded” so as not to display identification of the employer you are nominating. The “Nomination Form” asks for the Organization Information and should be the only identifier of the employer you are nominating.
2. All documentation copies must be single-sided and contain NO staples, paper clips, etc. Send in loose leaf format – not in binders, folders, plastic sleeves, etc.
3. Include copies of ads or job descriptions that indicate any WOCNCB<sup>®</sup> credential requirements.
4. Describe and include documentation of financial support for certification or recertification of the WOCNCB<sup>®</sup> credentials.
5. Briefly describe and include documentation of organization-wide recognition of achievement of the WOCNCB<sup>®</sup> credentials.
6. Describe and include documentation of salary recognition after attaining and maintaining the WOCNCB<sup>®</sup> credentials.
7. Other ways the organization recognizes/supports certification.



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### ESSAY

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**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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