

## Loretta C. Ford Lifetime Achievement Award

The Loretta C. Ford Lifetime Achievement Award is presented annually by the National Nurse Practitioner Symposium to one individual that has demonstrated longevity, integrity, professional achievement and advocacy in advanced practice nursing on a national level.

### Criteria:

- Minimum of 5 continuous years in advanced practice nursing
- Proficiency through integration of clinical practice, education and research
- Demonstrated leadership in influencing health care policy

### Nomination Process:

- Completed Nomination Form
- Curriculum Vitae (CV), or equivalent information, of nominee
- Narration statement, by the nominating person, as to how nominee meets award criteria (500 words or less please)
- Letter of reference from industry colleague other than nominating person

Nomination deadline: May 15, 2024

### Award:

- Traveling trophy inscription
- Individual replica trophy
- \$1,000 cash prize
- \$500 donation to charity, entity or individual of recipient's choice
- Complimentary registration to 2023 National Nurse Practitioner Symposium (retreat and workshops excluded)

### Statements:

- The National Nurse Practitioner Symposium is committed to diversity and equality of race, religion and gender.
- Employees of the National Nurse Practitioner Symposium and their immediate families are not eligible for nomination.
- The Loretta C. Ford Lifetime Achievement Award traveling trophy is the property of the National Nurse Practitioner Symposium.
- Award determined at the sole discretion of the National Nurse Practitioner Symposium awards committee. All decisions by the National Nurse Practitioner Symposium awards committee are considered final.

### Loretta C. Ford Lifetime Achievement Award Nomination Form

Nominee's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Nomination Submitted by: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Send this completed form, nominee CV (or equivalent information), narration statement and letter of reference to be received by May 15, 2024 to:

**National Nurse Practitioner Symposium**  
E-mail: [info@npsymposium.com](mailto:info@npsymposium.com)