



**Nursing Awards
Signature Page**

“By signing below, I agree to be considered for the Nightingale Awards of Pennsylvania (NAP) and to participate in the awards program if chosen. I understand that NAP may contact my present employer and I authorize said employer to release information pertinent to such a request.”

Candidate Signature

Date

“By signing below, I agree that all of the information provided in the Awards Application are true and correct.”

CNO, Director or CEO Signature

Date

Nominator Signature

Date