



**Nursing Awards 2020  
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.”*

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Candidate Signature

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Date

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

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CNO, Director or CEO Signature

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Date

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Nominator Signature

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Date