



**MGNA Distinction Award – Clinical Category Nomination Form**

**Eligibility**

- The nominee has been an active member of MGNA for the past two years.
- The nominee is an active practicing registered nurse, registered psychiatric nurse, or licensed practical nurse.
- A completed nomination form includes signatures of 5 nominators and supporting information that addresses how the nominee meets the award criteria.

**Criteria**

- Demonstrates excellence in the specialty of Gerontological nursing and exhibits principles and standards as outlined in the CGNA standards of practice.
- The nominee currently provides direct care to the older adult and their family in various settings (acute care, community, long term care)
- Makes contributions in their specific setting, in areas such as care delivery, program development and implementation.
- Exhibits professional development, role modelling and commitment to Gerontological nursing.

**Process**

The person initiating the nomination will be identified as the primary nominator\*. This person may be contacted via telephone if additional information is required. The completed nomination form and documentation are forwarded to the MGNA President-Elect. The award recipient will receive a plaque and will be recognized at the MGNA Annual General Meeting.

**Nominee Information**

Nominee name: \_\_\_\_\_ Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
 Nominee Signature (indicates agreement with the nomination): \_\_\_\_\_

**Nominator(s) Information** *(A minimum of 3 of the nominators must be active MGNA members)*

Name	Signature	Phone Number
* _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return completed forms to: MGNA at [mgnanursing@gmail.com](mailto:mgnanursing@gmail.com)  
 Deadline for Submission: April 17, 2026