



# Permian Basin Great 25 Nurses 2025 Nomination Form

## Nominee Information

Nominee Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## Nominator Information

Nominator Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Please type or write legibly:** *Feel free to use separate sheet of paper if needed*

- 1) Provide examples of why you believe this candidate would be appropriate for this award.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) What has this candidate done professionally and/or in their community to make them a strong candidate?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3) Describe characteristics you think best describe the nominee?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4) Give examples of how your nominee has been a role model or acted as a mentor to others.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Completed forms can be emailed to [Board@PBGreat25.com](mailto:Board@PBGreat25.com)**

# Permian Basin Great 25 Nurses 2025 Nomination Form

## Directions for Nomination Submission

Ensure the nominee is currently a Registered Nurse in the state of Texas with their current practice location in area of Permian Basin. Permian Basin encompasses the following counties:

Andrews	Ector	Martin	Reeves
Borden	Gaines	Midland	Terrell
Brewster	Glasscock	Mitchell	Upton
Crane	Howard	Pecos	Ward
Dawson	Loving	Reagan	Winkler

- Please be as descriptive as possible in your examples of how the candidate meets the criteria for award and why they should be considered.
- One supporting document may be added to the application. Although it is not required, it is highly recommended to add a supporting document to help further support the nomination. Examples include publications, recommendation letters, articles featuring the nominee, or other documentation supporting the nomination.
- Resumes are not necessary for the application but can be submitted as your supporting documentation.
- The completed form must be **submitted by Sunday, July 31<sup>st</sup> at 11:59 PM to be eligible.**
- Incomplete or illegible forms will not be considered.
- Completed forms can be submitted online at [PBGreat25.com](http://PBGreat25.com) emailed to [Board@PBGreat25.com](mailto:Board@PBGreat25.com)
- Nomination forms and additional information are available online at [PBGreat25.com](http://PBGreat25.com)
- Announcement of the 2024 Class of Great 25 Nurses will be made at the end of September.
- Each Great 25 Nurse will receive recognition at the annual awards ceremony and biographies posted online at [PBGreat25.com](http://PBGreat25.com).
- **The awards ceremony will be held on October 16<sup>th</sup>, 2025, at 630PM at the Odessa College Nursing Simulation Building in Odessa. Please make every effort to attend if selected.**
- You may nominate as many qualified nurses as you feel meet the criteria.