The Mehandru Award for Nursing Excellence was established in 2007 through the generosity of the Mehandru Family to recognize exceptional nurses for their valuable contribution to patient care. For 29 years, Dr. Sushil Mehandru has served on the medical staff at Jersey Shore University Medical Center and has built a reputation for his exceptional clinical and academic expertise. Over the years, Dr., Mehandru has forged a special bond with the nursing staff on almost every unit of the hospital. This prestigious award signifies his strong commitment to nursing and to the promotion of excellence in patient care.

The Mehandru Award for Nursing Excellence is presented annually during Nurses Week to a Jersey Shore University Medical Center licensed practical nurse or registered nurse who on a daily basis exhibits excellence in the delivery of patient care.

Award Criteria:

1. The nominee must be a licensed practical nurse or a registered nurse
2. The nominee must currently be employed by Jersey Shore University Medical Center
3. The nomination must document how the nominee exhibits a pattern of excellence in patient care either at the bedside, as an educator or as a manager
4. Nurses who apply must be nationally certified in their area of specialty and must participate in the CARE program if eligible
5. An individual may nominate him/herself or may be nominated by a colleague, patient, manager or physician. A completed application form must be submitted.

AMOUNT OF AWARD: $2,000,

DEADLINE FOR NOMINATION: March 20, 2017
Mehandru Award for Nursing Excellence

2017 Nomination Form

Nominee’s Name____________________________Employee ID_______________

Home Street Address___________________________________________________

City_________________________________State__________Zip Code___________

Phone: Home________________Work_________________Cell_________________

Email:________________________________________Position_________________

Unit__________________________Nurse Manager__________________________

National Certifications: ________________________CARE Level:____________

*********************************************************************************

Nominated by___________________________________ Position_______________

Unit: _____________________________Email_______________________________

Phone:Home_________________Work_________________Cell________________

Attach the following:

1.  Narrative Statement not to exceed 2 pages addressing:
   ♦ How the nominee exhibits a commitment to excellence in patient care
   ♦ Provide a patient care exemplar that demonstrates this commitment

2.  Any additional documentation to support the nomination
   (Optional and may include letters of support, thank you letters from patients, award nominations, etc.)

3.  Completed W9

Return to:   Ann May Center for Nursing and Allied Health
1350 Campus Parkway, Suite 1d
Neptune, NJ  07753
Or fax to 732 481 8597
Or email to AnnMayCenter@meridianhealth.com

For more information, call the Ann May Center at 732 481 8570

**DEADLINE FOR SUBMISSION: March 20, 2017**

Please do not use staples
Form W-9 (Rev. 1-2011)

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Part I  Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have an EIN, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II  Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: [a] I am exempt from backup withholding, or [b] I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or [c] the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification Instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Cat. No. 10231X