## **Ethel Johns Award**

Nomination Form 2025

The **Ethel Johns Award from CASN** is named after the founding Director of the first university nursing program in Canada. It is given in recognition of distinguished service to nursing education in Canada. CASN has presented this award to outstanding nursing education leaders since 1988. This award is presented annually at the Fall CASN Council meeting.

### Eligibility

Any faculty member of a CASN member school may be nominated.

The member must have a current RN registration within the last 12 months.

CASN is committed to equity and diversity and welcomes nominations of persons with diverse backgrounds, including persons of any gender identity, gender expression or sexual orientation, Indigenous persons, visible minorities and persons with diverse abilities.

#### **Please Note:**

- Current Board members are excluded from receiving a CASN Award.
- The Awards & Nominations Committee reserves the right to move candidates between categories as required, and at their discretion.

#### Criteria

The recipient of the CASN Ethel Johns Award will demonstrate the following characteristics:

- 1. Has demonstrated leadership in curriculum development, administration, teaching, and research;
- 2. Has made significant contributions to the CASN Council and committees over many years at national and international levels; and,
- 3. Has strengthened the quality of nursing education and the nursing profession.

#### Submission/Nomination Documentation

Individuals must be nominated in writing by a faculty member of any CASN member school. A complete nomination package should include the following:

- Completed & signed *Nomination Form*
- 3 Letters of Support (1 from the nominator, 1 from an independent colleague or peer, 1 from an independent colleague e.g. health authority, student, etc.). The letters of support should be addressed to CASN's Awards & Nominations Committee. Letters should specifically reference the nominee's achievements and activities related to the award criteria, and identify the individual by name, title, and school/faculty. Additional letters of support will not be accepted.
- A 250-word description (in Word format) of the contributions of the nominee and her/his distinguished service to nursing education in Canada must be submitted. Descriptions which exceed the 250 word maximum will not be accepted.

In addition to the 250-word description, supporting documentation could include audio-visual materials, website addresses, manuals, and commendations from the candidate's institution or a partner organization.

#### **Selection Process**

The Awards & Nominations Committee will review the nominations and present recommendations to the CASN Board of Directors.

Please print or type					
		SECTI	ON ONE		
Nominee/Candi	date				
Surname:					
Given name(s):					
Title:					
Institution:					
Mailing address:					
		City		Province	Postal Code
Telephone:			Fa	x:	
E-mail address:					
Language:	☐ English	□ French	□ Bilingual	☐ Other (pl	ease specify)

Institution Information					
Number of nursing faculty: f	ull-time faculty:	part-time/sessional faculty:			
Number of nursing students: Number of nursing programs:					
List type(s) of nursing program(s):					
	SECTION TWO				
SECTION IMO					
Educational background (post secondary):					
Qualifications Received	Year	School			
Qualifications Received	Year	School			
Qualifications Received	Year	School			
Qualifications Received	Year	School			
Qualifications Received	Year	School			
Qualifications Received	Year	School			
Qualifications Received	Year	School			
Qualifications Received	Year	School			
Qualifications Received	Year	School			

	work experier	ce:				
Relevant	professional, o	committee ar	nd/or associat	ion experienc	e:	
Relevant	professional, o	committee ar	nd/or associat	ion experienc	e:	
Relevant	professional, o	committee ar	nd/or associat	ion experienc	e:	
Relevant	professional, o	committee ar	nd/or associat	ion experienc	e:	
Relevant	professional, o	committee ar	nd/or associat	ion experienc	e:	
Relevant	professional, o	committee ar	nd/or associat	cion experienc	ee:	
Relevant	professional, o	committee ar	nd/or associat	ion experienc	e:	
Relevant	professional, o	committee ar	nd/or associat	cion experienc	ee:	
Relevant	professional, o	committee ar	nd/or associat	cion experienc	e:	
Relevant	professional, o	committee ar	nd/or associat	cion experienc	ee:	

Extr	a-curricular activities:
	CHECKLIST
	Section ONE and TWO of the nomination form have been completed in full.
	I have included THREE letters of support from myself and two other independent colleagues or peers that clearly describes the nominee's accomplishments, leadership and commitments related to the award for which the candidate is being nominated.
	I have included a 250-word summary of why this candidate is best suited for this award (in a separate WORD document). This could include a description of the contributions, challenges, strategies, approaches, innovation, implementation, impact, of the nominee and her/his distinguished service to nursing education in Canada. Documents which exceed the 250-word maximum will not be accepted. Note this summary will be used in the CASN Awards Booklet if the candidate is the selected winner of the award.
	I have included a recent high-definition photo of the nominee.
	I have signed the nomination form below.
	The nominee/candidate has signed the nomination form below.
	minations that are incomplete (missing information or documentation) will be considered ineligible will not be reviewed by the Awards and Nominations Committee

NOMINATOR				
Surname:				
Given name(s):				
Title:				
Institution:				
Telephone:			Fax:	
E-mail address:				
Language:	☐ English	☐ French	☐ Bilingual	
		SIGNATU	RES	
Signature of Nom	ninee	Nar	ne of Nominee	 Date
Signature of Nominee		INGI	ne of Norminee	Date
Circular (No. 1)			CN	
Signature of Nominator		Name of Nominator		Date

Please submit your nomination package <u>by email</u> to **Sharada Boucher-Sharma, Strategic Operations Coordinator** at: <a href="mailto:awards@casn.ca">awards@casn.ca</a>

# **DEADLINE: Friday, June 20, 2025**

You will receive a confirmation e-mail within 2 business days of submission. If you do not receive the confirmation, please contact us.