# Wendy McBride Award Accreditation Reviewer Excellence

Nomination Form 2025

The **Wendy McBride Award for Accreditation Reviewer Excellence** was created by CASN in order to acknowledge the contribution of a former Executive Director, to CASN and to the CASN Accreditation Program.

The role of reviewers is critical to the success and credibility of the CASN accreditation program. Reviewers are expected to promote excellence in nursing education by assessing programs offered by schools of nursing against CASN accreditation standards. Demonstrating equality and support for the educational program in the role of site visitor and identifying those programs that demonstrate excellence in teaching and scholarly activity. Reviewers make a commitment to participate in at least two reviews during two consecutive years.

# Eligibility

Any current CASN Reviewer who has participated in an Accreditation Review in the last two years. The nominee can be any participating member of the On-Site Review Team.

The nominee 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 Nominations & Awards Committee reserves the right to move candidates between categories as required, and at their discretion.

#### Criteria

The recipient of this award will demonstrate the following characteristics:

1. is a CASN Accreditation Program Reviewer;

- 2. has made a significant contribution to the Accreditation Program by providing direction and leadership during an onsite visit and writing of the site visit report;
- 3. has participated in the evaluation and advancement of the Accreditation Program; and,
- 4. has demonstrated appreciation and comprehension of the Accreditation Program purpose, standards and policies.

Nominations will be reviewed on the basis of originality, level of contribution and commitment to the Accreditation Program.

## 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.). Please note: One of the letters of support must be from the dean/director/chair of a nursing education program that was recently reviewed OR a review team member with whom the nominee has worked. 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 nominee's commitment to the Accreditation Program. Descriptions which exceed the 250-word maximum will <u>not</u> be accepted.

## **Selection Process**

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

Please print or type			
		SECTION ONE	
Nominee/Candi	date		
Surname: Given name(s):			
Title:			
Institution:			

Mailing address:					
		City		Province	Postal Code
Telephone:	Fax:				
E-mail address:					
Language:	☐ English	☐ French	□ Bilingua	al □ Other (plea	se specify)
Institution Infor	mation				
Number of nursing f	aculty:	full-time fa	culty:	part-time/sessior	nal faculty:
Number of nursing s	students:	Number o	of nursing pro	grams:	
List type(s) of nursin	g program(s):				
		SECTI	ION TWO		
Educational bac	kground (po	ost secondai	·y):		
Qualifications Received Year School					ool

Relevant wo	rk experience:			
Relevant pro	fessional, committ	ee and/or associat	ion experience:	

Year

School

**Qualifications Received** 

Extra-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. Please note: One of the letters of support must be from the dean/director/chair of a nursing education program that was recently reviewed OR a review team member with whom the nominee has worked.			
	I have included a 250-word summary of why this candidate is best suited for this award (in a separate WORD document). This should include a description of the nominee's commitment to the Accreditation Program. 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:			<del></del>		
Language:	☐ English	☐ French	☐ Bilingual		
		SIGNATU	IRES		
Signature of Nominee		Name of Nominee		Date	
Signature of Nominator		Name of Nominator		Date	
Please submit your nomination package <u>by email</u> to  Sharada Boucher-Sharma, Strategic Operations Coordinator at: <u>awards@casn.ca</u>					
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.					