

Philippine Nurses Association of Southern California, Inc.



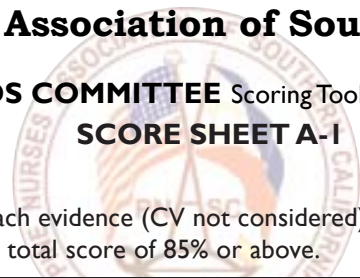
AWARDS COMMITTEE

SCORE SHEETS

CARE Awards

Philippine Nurses Association of Southern California, Inc.

AWARDS COMMITTEE Scoring Tool CARE Awards SCORE SHEET A-I



Candidate # _____

Instructions: Applicant must check selection as it applies and attach evidence (CV not considered). Validator must validate both selection and evidence. To be considered as potential awardee, the applicant must have a total score of 85% or above.

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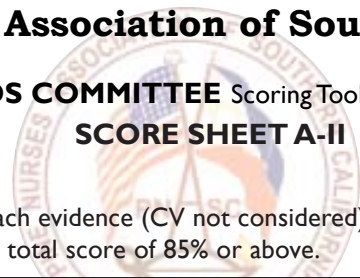
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AWARDS COMMITTEE Scoring Tool CARE Awards

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Philippine Nurses Association of Southern California, Inc.

AWARDS COMMITTEE Scoring Tool CARE Awards SCORE SHEET A-II



Candidate # _____

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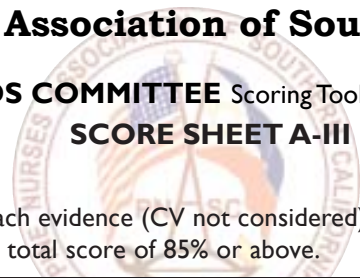
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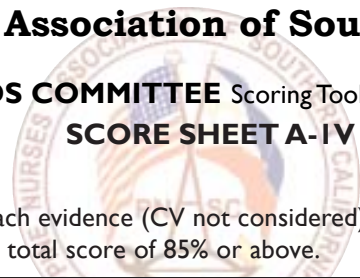
Philippine Nurses Association of Southern California, Inc.

AWARDS COMMITTEE Scoring Tool CARE Awards

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Philippine Nurses Association of Southern California, Inc.

AWARDS COMMITTEE Scoring Tool CARE Awards SCORE SHEET A-IV



Candidate # _____

Instructions: Applicant must check selection as it applies and attach evidence (CV not considered). Validator must validate both selection and evidence. To be considered as potential awardee, the applicant must have a total score of 85% or above.

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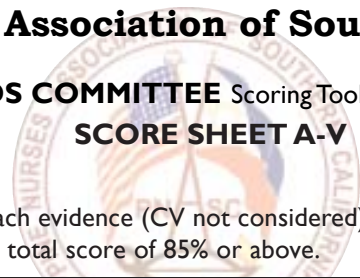
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Philippine Nurses Association of Southern California, Inc.

AWARDS COMMITTEE Scoring Tool CARE Awards SCORE SHEET A-V



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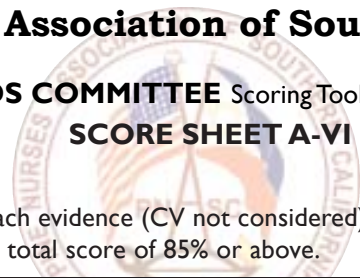
Philippine Nurses Association of Southern California, Inc.

AWARDS COMMITTEE Scoring Tool CARE Awards

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Philippine Nurses Association of Southern California, Inc.

AWARDS COMMITTEE Scoring Tool CARE Awards SCORE SHEET A-VI



Candidate # _____

Instructions: Applicant must check selection as it applies and attach evidence (CV not considered). Validator must validate both selection and evidence. To be considered as potential awardee, the applicant must have a total score of 85% or above.

SCORE	MAXIMUM POINTS	CATEGORY VI: NURSE ENTREPRENEUR OF THE YEAR	REMARKS																								
	10	<p>A. Nominee must be a paid member of PNASC for at least two (2) years and in good standing. A letter of validation indicating the number of years is required either from the PNASC membership chairperson.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CRITERIA (Select one)</th> <th style="width: 10%;">POINTS</th> <th style="width: 15%;">BY APPLICANT</th> <th style="width: 25%;">BY VALIDATOR</th> </tr> </thead> <tbody> <tr> <td>2 year membership</td> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td>3 - 4 years membership</td> <td style="text-align: center;">4</td> <td></td> <td></td> </tr> <tr> <td>5 - 6 years membership</td> <td style="text-align: center;">6</td> <td></td> <td></td> </tr> <tr> <td>7 - 8 years of membership</td> <td style="text-align: center;">8</td> <td></td> <td></td> </tr> <tr> <td>9+ years of membership</td> <td style="text-align: center;">10</td> <td></td> <td></td> </tr> </tbody> </table>	CRITERIA (Select one)	POINTS	BY APPLICANT	BY VALIDATOR	2 year membership	2			3 - 4 years membership	4			5 - 6 years membership	6			7 - 8 years of membership	8			9+ years of membership	10			
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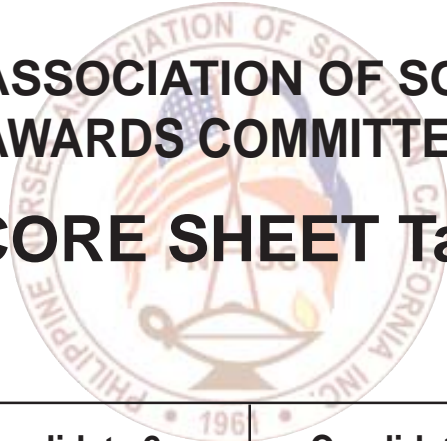
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**PHILIPPINE NURSES ASSOCIATION OF SOUTHERN CALIFORNIA
AWARDS COMMITTEE**

SCORE SHEET Tally



Category	Candidate 1	Candidate 2	Candidate 3	Remarks
Clinical Practice				
Administration				
Research				
Education				
Entrepreneur				
Community Service				
Innovation				

Date: _____ **Evaluator: Printed Name** _____ **Signature** _____