The Board of Oncology Social Work Certification (BOSWC) is accepting nominations for the Certified Oncology Social Worker (OSW-C) of the Year Award. This award recognizes an outstanding OSW-CTM who has made significant contributions to oncology social work and oncology social work service, and who has supported and promoted oncology social work certification. The OSW-CTM of the Year will receive $500, a crystal award, and a complimentary OSW-C certification renewal for their next cycle (to use or not, non-transferrable) during March—National Social Work Month.

Both self-nominations and third-party nominations are encouraged.

**AWARD CRITERIA**

Nominees must demonstrate accomplishments in the promotion of oncology social work certification and oncology social work service, as well as in one of the following areas of oncology social work: clinical practice, education, or research.

Promotion of Oncology Social Work Certification

* Actively promotes oncology social work certification among social work colleagues, other healthcare professionals, and healthcare consumers

Service

* Enhances the image of oncology social work among the general public
* Participates in community affairs, legislative activities, or in organizations that affect social work
* Enhances the image of oncology social work among healthcare professionals
* Participates in community education

Oncology Social Work Practice

Candidates must demonstrate accomplishments in ONE of the following areas (nominee, nominator, and recommendations must all address the same area):

Clinical Practice

* Develops or uses creative approaches to oncology social work which enhance quality patient care/service delivery
* Serves as an example to inspire oncology social work peers
* Demonstrates a commitment to the care of persons with cancer and their families

Education

* Participates in the education and development of social workers
* Participates in patient/family teaching
* Participates in educating other disciplines about oncology social workers

Research

* Participates in the research process
* Applies research findings to social work practice
* Conducts research that positively affects oncology patient care

**ELIGIBILITY CRITERIA**

1. Nominees must be OSW-C-certified in good standing at the time of nomination and award presentation.
2. Members of the BOSWC Board of Directors are not eligible to be nominees, to nominate others, or to provide recommendations for nominees.

**NOMINATION INSTRUCTIONS**

1. Save this form to your computer.
2. Submit all materials together. The Nominator or Nominee should coordinate the submission of materials for each nomination.
3. Include the following for each nomination:

* Nomination Information (Complete both Part 1 and Part 2); and
* Biographical Sketch information; and
* **Two** Letters of Recommendation in PDF (.pdf) or Word (.doc or .docx) format. The Recommendation Letters should describe, in 250 words or less, the Nominee’s accomplishments in promoting oncology social work certification, oncology social work service, and oncology social work practice. Recommendation Letters must be provided by individuals other than the Nominee and Nominator. Professional sources that reflect different areas of the nominee’s accomplishments are highly recommended (e.g., peer, supervisor, co-worker, subordinate).

1. Submit all nomination materials by email to [OSWCert@oncc.org](mailto:OSWCert@oncc.org).
2. Do not submit additional materials, recommendations, or supporting documentation. It will not be considered.

**ADDITIONAL CONSIDERATIONS**

* All decisions of the BOSWC Board of Directors are final.
* Award recipients must agree to be recognized (including but not limited to: the publication of the recipient’s name, photo, and/or excerpts from the nomination materials) on the BOSWC website, social media channels, and/or other publications approved by BOSWC.

**Nominations must be received at** [**OSWCert@oncc.org**](mailto:OSWCert@oncc.org)**.**

**Please contact:**

BOSWC

125 Enterprise Drive

Pittsburgh, PA 15275-1214

Email: [OSWCert@oncc.org](mailto:OSWCert@oncc.org)

**NOMINATION FORM**

**INSTRUCTIONS**

* The Nominator should complete Part 1 and 2. If this is a self-nomination, the Nominee may complete this form.
* Submit complete nomination

**PART 1: NOMINEE INFORMATION**

First Name:       Last Name:

Credentials:

Home Address:

City:       State:       Zip:

Position/Job Title:

Employer:

Employer City:       State:       Zip:

Phone: Home:       Work:

Email:

Year of Original Certification:       Year Current Certification Expires:

Number of Years as an OSW:       Number of Years in Oncology Social Work:

**Recommendation Letters**

List the name and contact information of the two people who are providing Recommendation Letters. Note: Nominators and Nominees cannot provide recommendations.

1. Name:

Address:

City:       State:       Zip:

Phone:       Email:

2. Name:

Address:

City:       State:       Zip:

Phone:       Email:

**PART 2: DESCRIPTION OF ACCOMPLISHMENTS**

The Description of Accomplishments should be completed by the nominator, or by the Nominee if this is a self-nomination.

Nominator’s Full Name:

Address:

City:       State:       Zip:

Phone:       Email:

Relationship to Award Nominee:

**Describe the nominee’s accomplishments in each of the following areas:**

1. Promoting oncology social work certification, and
2. Oncology social work service, and
3. **One** of the following areas of oncology social work practice. The nominee, nominator, and recommendations must address the same area of oncology social work practice. Please check one:

Clinical Practice  Education  Research

Begin typing your description in the field below. The field will expand to fit your text as you type.

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Pittsburgh, PA 15275-1214

Email: [OSWCert@oncc.org](mailto:OSWCert@oncc.org)

**Biographical Sketch Form**

This information should be completed by the Nominee.

**NOMINEE CONTACT INFORMATION**

Name:

Home Address:

City:       State:       Zip:

Phone:       Email:

**PROFESSIONAL, CIVIC, AND SOCIAL ORGANIZATIONS** (if relevant to nomination)

Name of Organization:

Position:       Date(s) of Service:

Name of Organization:

Position:       Date(s) of Service:

Name of Organization:

Position:       Date(s) of Service:

**PREVIOUS WORK EXPERIENCE** (if pertinent to nomination) check here if not applicable.

Institution:

Title:

Description of Responsibility:

Institution:

Title:

Description of Responsibility:

* + - 1. **PROMOTION OF CERTIFICATION**

Describe how you have promoted oncology nursing certification. Begin typing your description in the field below. The field will expand to fit your text as you type. Please limit to 300 words or less.

* + - 1. **SERVICE**

Describe your professional activities that have enhanced oncology nursing. Begin typing your description in the field below. The field will expand to fit your text as you type. Please limit to 300 words or less.

* + - 1. **ONCOLOGY NURSING PRACTICE**

Check **one** area of oncology nursing practice that should be considered for this award. The Nominee, Nominator, and Recommendations should all address the same area. Please check one:

Clinical Practice  Education  Research

Begin typing your description in the field below. The field will expand to fit your text as you type. Please limit to 300 words or less.

Will you be attending the AOSW or APOSW conference next year?  Yes  No

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