**You have been nominated to receive the NKF-CAP Tim Poole Award at the 2016 NKF Spring Clinical Meetings in Boston, MA. If you wish to be considered, please complete the following and submit to the Awards Committee Chair, Jane Davis, DNP at** **jsdavis@uab.edu****.**

The Tim Poole Award was created to recognize NKF- CAP members who have made outstanding contributions to our professions. The Tim Poole Award is given to the NKF-CAP member who most exemplifies the tradition of excellent patient care, education, training of the next generation of APs and community and family involvement.

The award winner will notified by October 1, 2015**.** In addition to receiving an award, you will also receive free registration for the meetings.

Click here to enter text.

|  |
| --- |
| Name & CredentialsClick here to enter text. |
| AddressClick here to enter text. |
| Practice siteClick here to enter text. | Click here to enter text. |
| How many years have you been in nephrology? | How many years have you belonged to NKF/CAP?  |

**Please do not submit a CV but instead, complete the questions below.**

1. Describe your professional achievements that demonstrate a philosophy of providing quality, cost-effective and accessible healthcare.  Include all activities of local, national, or international significance that relate to this philosophy and identify those specifically related to the care of the kidney patient.

Click here to enter text.

1. Describe your volunteer activities of a local, national or international significance as they relate to the philosophy of the Tim Poole award of outreach to kidney patients, their families and the community as a whole. Be sure to include any KEEP or NKF volunteer activities.

Click here to enter text.

1. Please describe any obstacles you have faced as a nephrology professional. Specifically describe how you have met these challenges.

Click here to enter text.

1. Please describe any innovations that you have brought to your practice, the local community or the kidney community. These can be small changes that have affected either the individual patient or the community where you practice.

Click here to enter text.

1. Please describe any legislative or political outreach activity. This can be local, state-based, community-based or national.

Click here to enter text.

1. Please give examples of your involvement in education. This can be patient-specific education, as a lecturer for NKF, a clinical instructor, group leader, advisor/mentor, etc. for an AP program or as a volunteer preceptor. List any educational outreach you have done via educational articles; either AP level or patient level. Describe any involvement you have had with development of NKF/CAP educational outreach materials.

Click here to enter text.

**Please include one supporting reference, with contact information. These can be NKF members, members of the community or your practice partners or patients.**

Name: Click here to enter text.

Phone: Click here to enter text. Email: Click here to enter text.

**Thank you for your time and assistance in completing the application process.**

**Congratulations on being nominated for this award!**

**For comments or questions, please contact NKF-CAP Awards Chair:**

Jane S. Davis, CRNP, DNP, FNKF

Ph: (205) 934-5944

jsdavis@uab.edu