Nomination Form
Bernice Owen Research Award in Safe Patient Handling and Mobility

Description: This award recognizes excellence in research in safe patient handling and mobility. This award recognizes accomplishments of individuals for a program of research that addresses important gaps in the science, is widely disseminated and contributes to improved worker, patient or organizational outcomes. Researchers from a wide variety of disciplines and research backgrounds are welcome to apply.

Instructions:
1. Complete the nomination form below
2. Attach a narrative of no more than two pages addressing:
   a. What specifically has the nominee done to achieve excellence in safe patient handling and mobility research?
   b. Give examples of the methods used and outcomes achieved.
   c. How has the nominee disseminated research findings?
   d. How has the research influenced policy, clinical practice, or programming?
   e. Include anything else you would like us to know about this candidate.
3. Attach the nominee’s curriculum vitae.

Evaluation: Nominations will be evaluated using the rubric below.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Significance of research</td>
<td>Limited to needs of one or limited number of organization</td>
<td>Research addresses healthcare systems priorities</td>
<td>Research addresses national priorities</td>
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<tr>
<td>Interprofessional</td>
<td>Limited to one profession</td>
<td>Includes 1-2 professions</td>
<td>Multidisciplinary with significant inclusion</td>
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<td>Collaboration</td>
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<td>Funding track record</td>
<td>Funding limited, e.g., to internal sources</td>
<td>1-2 studies funded by external sources at RO1 level</td>
<td>More than 2 studies funded by external sources at RO1 level</td>
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<tr>
<td>Dissemination - Publications</td>
<td>Limited to internal dissemination</td>
<td>System-wide or regional peer reviewed publications</td>
<td>National or international peer-reviewed publications</td>
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<td>Dissemination - Presentations</td>
<td>Internal or small audiences</td>
<td>Multiple national conferences</td>
<td>Keynote/plenary presentations at national conferences</td>
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<td>Impact of research on clinical practice, program implementation or policy</td>
<td>Implementation of findings at local level</td>
<td>Implementation of findings in a healthcare system</td>
<td>Widespread implementation</td>
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**Total Points**
Nominations must be received by September 1, 2018

Bernice Owen Research Award in Safe Patient Handling and Mobility
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Tampa, FL 33637
Phone: 813-558-3948
Email: vkelleher@tampavaref.org

Nominee Information:

Name: ............................................................................................................................................
Title: ............................................................................................................................................... 
Organization: ..................................................................................................................................
Address: ......................................................................................................................................... 
City, State Zip ..................................................................................................................................
(Area Code) Phone number ...............................................................................................................
EMail .................................................................................................................................................. 

Nomination Submitted By:

Name: ............................................................................................................................................
Title: ............................................................................................................................................... 
Organization: ..................................................................................................................................
Address: ......................................................................................................................................... 
City, State Zip ..................................................................................................................................
(Area Code) Phone number ...............................................................................................................
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