

2022 LTCNA NURSING AWARDS

LTCNA Nursing Awards Program

The Annual Nursing Awards Program recognizes outstanding CNAs, MDS Coordinators, Nurses and DONs who have proven to be dedicated, hardworking and compassionate while caring for facility residents in an ever-changing long term care environment. *The information in these nomination forms pertains only to the LTCNA Nursing Awards.*

Program Details

- Each member center that submits a nomination(s) must designate <u>ONE</u> contact for all of their nominations.
- All nominees will receive a certificate recognizing their achievement.
- Facilities are welcome (and encouraged!!) to submit multiple nominations.
- The LTCNA Nursing Awards will be presented, as in years past, at Ovations: A Celebration of Long Term Care Nurses during IHCA's Annual Convention & Expo in Peoria.
- A list of nominees, as well as information about the chosen winners, will be featured in IHCA publications, and on our websites and/or social media pages.
- Press releases will be sent to local media outlets announcing the winners.

Before you submit your nominations:

- Did you know that you can submit your nominations online at <u>https://form.jotform.com/IHCA/2022-ltcna-nursing-awards</u>
- Did you read the nomination guidelines/instructions carefully?
- Have you included all of the required materials?
- Do you have a photo of your nominee to attach along with the nomination?

Visit <u>http://www.ihca.com/convention</u> for more information.

If you have any questions, please contact Ashley Caldwell at <u>acaldwell@ihca.com</u> or 800-252-8988.

Nursing Award Categories

The criteria for the following nominations are based on excellence and outstanding service in long term care.

Director of Nursing Nurse MDS Coordinator Nursing Assistant (CNA)

Award Nomination Rules & Procedures

- 1. Designated Contact: Each member center must choose <u>one</u> person to serve as the designated contact. All follow-up correspondence, award information, nomination questions, etc. will be sent to the Designated Contact.
- **2.** The Designated Contact must be included on each nomination.
- **3.** The nominee must be an employee of an IHCA member center.
- 4. Member centers are encouraged to submit multiple nominations.
- 5. You may submit multiple nominations for each category.
- 6. Each entry should include:
 - a. A completed Nomination Form
 - b. Letter(s) of recommendation
 - c. Nominee photo.
- **7.** You may submit your nominations online. If submitting hard copies, please make sure that all forms are printed legibly or typed.
- 8. Letters of recommendation (no more than 2) should be attached accordingly and will not be returned.
- 9. Each entry <u>must include a DIGITAL PHOTOGRAPH</u> of the nominee(s) for use in the IHCA awards presentation. Photo files should be *no larger than 3 MB* and the *file name should contain the name of the nominee*. (Contact Ashley Caldwell at <u>acaldwell@ihca.com</u> for further photo requirements)
- **10.** Winners will be chosen by a panel of judges selected by LTCNA. IHCA/LTCNA reserve the right not to present any award.
- **11.** Awards will be presented at the IHCA Annual Convention and Expo. All nominees will receive a certificate of recognition.

Submission Deadline

Nominations must be received no later than close of business on <u>Thursday, June 30, 2022</u> to be considered.

Send to: Attn: Ashley Caldwell Illinois Health Care Association 1029 South 4th Street Springfield, IL 62703 Fax to: (217) 528-0452 Email to: <u>acaldwell@ihca.com</u>

Nomination Form

These forms are only for the LTCNA Nursing Awards. Choose one of the following categories to submit your nomination. **A category must be checked for the nomination to be considered.** *There is no limit to the number of nominees accepted from each facility.*

Director of Nursing (DON)

□ MDS Coordinator

🗆 Nurse

□ Certified Nursing Assistant (CNA)

Each entry must include the following items in order to be considered:

- 1. A typed Nomination Form, including answers to all of the questions listed below. One additional piece of paper may be submitted.
- 2. Typed recommendation letter (500-word limit) from someone other than the person completing the nomination form explaining why the employee deserves the award. No more than two (2) letters will be accepted.
- 3. A digital photo of the nominee to be included in the video presentation at Ovations.

Designated Contact
Contact Name & Title
Contact Email Address
IHCA Member Center/Pro
Center Address
City/State/Zip
Telephone ()

Local Media Information

Please list 2 media outlets (newspaper, radio, television) you would like to have notified if your nominee is a winner:

Media Name	
Email	Fax ()
Media Name	
Email	Fax ()

Nominee Information

Nominee's Name: ******If different from Designated Contact Information, please fill in the following: IHCA Member Center/Program_____ Center Address City/State/Zip
 Telephone (_____)
 Fax (_____)
1. How long has the nominee worked in the long term care profession? ______ 2. How long has the nominee worked at this facility? 3. What is the nominee's position at the facility? 4. How long has the nominee worked in his/her current position? 5. What is unique about this nominee's job performance that makes him/her deserving of recognition? 6. Please give a description of the nominee's contributions to improving the quality of care and resident quality of life in his/her facility (specific examples). 7. Please describe the way this employee interacts with and provides support for his/her department. 8. Please list any additional training his employee has received to improve or further his/her job skills. 9. Please list any organization in which this employee is involved.

Completed forms and supporting documents must be received at IHCA no later than Thursday, June 30, 2022.