



2015 THCA AWARDS

OUTSTANDING ASSISTED LIVING ADMINISTRATOR

Awarded annually to an assisted living administrator that has demonstrated outstanding efforts for their facility, residents and staff.

To Be Eligible For Consideration, An Administrator Must Be:

- Administrator of a licensed Assisted Living facility;
- employed by current employer/facility for a minimum of twelve months; and
- employed by a THCA member facility at the time of nomination and time of presentation of award.

Criteria For Selection Are:

- community oriented, participating in civic activities (Rotary, Chamber, Lions Club, Meals on Wheels, etc.);
- actively involved with residents, family members and volunteers;
- employee oriented with motivational programs/activities; and
- active participation in THCA activities/efforts (region meetings, legislative contacts, committees/councils, etc.)

How To Submit A Nomination:

Nomination must be submitted electronically via e-mail to THCA (2015awards@txhca.org) no later than **July 31, 2015**. Submit completed nomination form with nomination letter and letters of support.

NOTE: Please be sure nomination letter provides information/description on how nominee meets criteria for this award.

Nomination Form:

- Letter of Nomination (from nominee's manager, facility employee, facility owner or peers of the nominee);
- Letters of support – Limit three (from employees, colleagues, managers, other facilities, business members, residents, family members, survey staff, Ombudsman, community members, or others who are familiar with the nominee's contributions to long term care).

NOTE: This is a Writable PDF

Texas Health Care Association	
2015 Outstanding Assisted Living Administrator Award	
Nominee's Name:	
Facility Name:	
Address:	
City:	Telephone:
Email:	Fax:
Administrator of a Licensed AL Facility? <small>CHECK THE BOX TO INDICATE 'YES'</small>	Employed at current facility for at least one year? <small>CHECK THE BOX TO INDICATE 'YES'</small>
Please list THCA activities/efforts (example: region meetings, legislative efforts, committees/councils, etc.):	
Your Name:	
Address:	
City:	Telephone:
Email:	Fax:
Your relationship to nominee: (facility employee, manager, colleague, etc)	

Along with this Nomination form, the following items must be attached:

- Letter of Nomination (*see Letter of Nomination for content*);
- Three Letters of Support. Letters of support are limited to three from the following:

- Employees
- Colleagues
- Manager
- Residents
- Others familiar with the nominee's contributions to long term care
- Other facilities
- Business member
- Family members
- Survey staff
- Ombudsman
- Community members

Selection will be based on the information provided in the letter of nomination and three (3) letters of support. Letters should give *specific examples* of the *actions, activities* and *behaviors* of the nominee that illustrate the individual's qualities, as well as information specific to the criteria required for this award.

SUBMIT COMPLETE NOMINATION ELECTRONICALLY ON OR

BEFORE July 31, 2015 TO: 2015awards@txhca.org

Letter of Nomination

2015 Outstanding Assisted Living Administrator

The Letter of Nomination should be from one of the following:

Nominee's Manager
Facility Employee

Facility Owner
Peer of Nominee

The Letter of nomination should not be longer than two double-spaced typed pages and should provide a summary of explanation on how the candidate meets the criteria & eligibility requirements for this award.

Please submit any questions to: 2015awards@txhca.org Attn: Gina Muniz