



***OUTSTANDING  
ASSISTED LIVING  
ADMINISTRATOR***

Awarded annually to an assisted living administrator that has demonstrated outstanding efforts for their facility, residents and staff. Award will be presented during the THCA Annual Convention and Trade Show in Grapevine, September 16-19, 2019.

***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 ([THCAawards@txhca.org](mailto:THCAawards@txhca.org)) no later than **August 9, 2019**. 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 nominees 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.

**SUBMIT COMPLETE NOMINATION ELECTRONICALLY ON OR  
BEFORE AUGUST 9, 2019 TO: [THCAawards@txhca.org](mailto:THCAawards@txhca.org)**

**NOTE: This is a Writable PDF**

<b>Texas Health Care Association</b> <b>2019 Outstanding Assisted Living Administrator Award</b>	
Nominee's Name:	
Facility Name:	
Address:	
City:	Telephone:
Email:	Fax:
Administrator of a Licensed AL Facility?	Employed at current facility for at least one year?
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  | - Other facilities        | - Ombudsman         |
| - Colleagues   | - Business member         | - Community members |
| - Manager  | - Resident family members |                     |
| - Residents  | - Survey staff            |                     |
| - Others familiar with the nominee's contributions to long term care |                           |                     |

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.

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## **Letter of Nomination**

### **2019 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: [THCAawards@txhca.org](mailto:THCAawards@txhca.org)