



## ***OUTSTANDING ADMINISTRATOR***

Awarded annually to an 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 San Antonio, October 31-November 3, 2016.

### ***To Be Eligible For Consideration, An Administrator Must Be:***

- licensed in Texas for a minimum of two years;
- employed by current employer/facility for a minimum of twelve months;
- employed by a THCA member facility at the time of nomination and time of presentation of award;
- facility has not been cited for substandard Quality of Care or Immediate Jeopardy level on any type of survey in the past year or in 2016 prior to submission of this nomination;
- must be active participant with THCA activities (ex: attend region meetings, coordinate legislative outreach for facility staff and/or family members, legislative visits at local offices and/or in Austin, PAC fundraising, etc.)

### ***Criteria For Selection Are:***

- community oriented, participating in civic activities (Rotary, Chamber, Lions Club, Meals on Wheels, etc.);
- resident and family oriented with an active family council;
- 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 (2016awards@txhca.org) no later than **August 26, 2016**. 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);
- Statement on facility letterhead stating that facility has not been cited for substandard Quality of Care or Immediate Jeopardy level on any type of survey in the past year or in 2015 prior to submission of this nomination; and
- Letter outlining THCA activities/active participation in THCA activities/efforts.

**NOTE: This is a Writable PDF**

|   |                                      |
|---|--------------------------------------|
| <b>Texas Health Care Association</b><br><b>2016 Outstanding Administrator Award</b>                             |                                      |
| Nominee's Name:   |                                      |
| Facility Name:  |                                      |
| Address:  |                                      |
| City:   | E-Mail:                              |
| Phone:  | Fax:                                 |
| Licensed at least two years?  | Same employer 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: (nominees manager, facility employee, owner or peer)                              |                                      |

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

- Letter of Nomination (*see Letter of Nomination for content*);
- Three (3) Letters of Support. Letters of support are limited to three from the following:
  - Employees
  - Other facilities
  - Ombudsman
  - Colleagues
  - Business member
  - Community members
  - Manager
  - Family members
  - Residents
  - Survey staff
  - Others familiar with the nominee's contributions to long term care
- Statement on facility letterhead stating that facility has not been cited for substandard Quality of Care or Immediate Jeopardy level on any type of survey in the past year or in 2016 prior to submission of this nomination; and
- Letter outlining THCA activities/active participation in THCA activities/efforts.

Selection will be based on the information provided in the letter of nomination and nomination support materials. 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 AUGUST 26, 2016 TO: [2016awards@txhca.org](mailto:2016awards@txhca.org)**

**Letter of Nomination**  
**2016 Outstanding 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 [2016awards@txhca.org](mailto:2016awards@txhca.org)