



## ***C.N.A. OF THE YEAR***

The THCA Region Chairs are again happy to offer the "Certified Nurse Aide of the Year Award" recognizing outstanding Nurse Aides working in long term care facilities. A Nurse Aide of the Year will be selected from each THCA region.

The ten regional winners will attend and be honored at the THCA House of Delegates meeting held during the THCA 2016 Annual Convention October 31-November 3, 2016 in San Antonio at the employing facility's expense.

### **CRITERIA**

Since the goal is to honor outstanding Nurse Aides, emphasis will be placed on recognizing individuals who:

- are compassionate, caring, and innovative in dealing with residents, families, and staff, and in the delivery of nursing care in the long term care setting; and
- have shown a dedication to continued commitment and development.

### **NOMINEE REQUIREMENTS**

- The nominee must be a Nurse Aide (with primary job duties as a C.N.A.) with a minimum of two years experience in a long term care facility (not limited to a geriatric facility) and one year in the nominating facility in the position as a Nurse Aide.
- The nominee must be currently employed in a THCA member facility
  - at time of application;
  - at the time the award is presented;
  - is not eligible if they have won this award in the last three (3) years

### **NOMINATION CHECKLIST**

The following materials *must* be submitted with the nomination:

- letter of nomination from the employing Administrator (see Letter from the Administrator for content);
- letter from the facility Director of Nurses;
- letter of support from co-worker(s);
- letter of support from resident(s)/family;

## LETTER FROM THE ADMINISTRATOR

The letter of nomination from the administrator of the employing facility should not be longer than two double-spaced typed pages and should contain the following:

The reasons the administrator feels this Nurse Aide has excelled and should be recognized as an exemplary Nurse Aide. Areas to be commented upon include:

- Nursing skills and knowledge, and how these have affected residents under her/his care.  
(Examples are helpful)
- The nominee's interaction with supervisors and peers.
- The nominee's interaction with residents, family members, and visitors.
- The nominee's impact on resident health, safety and quality of life.
- How the nominee has participated/enhanced the facility's Quality Improvement/Assurance process, if appropriate (i.e. workgroups, sub-committees, customer service, staff retention, lead mentor, falls prevention).

**Applications *not* meeting all of the criteria will be disqualified.**

- Submit Nominee Questionnaire and the letters of nomination.

**NOTE:** Winner must be employed as a Nurse Aide by a THCA member facility at the time of nomination and at the time the award is presented.

If you have questions about the award or its requirements, please contact Gina Muniz at: [gmuniz@txhca.org](mailto:gmuniz@txhca.org)

**SUBMIT COMPLETE NOMINATION ELECTRONICALLY ON OR BEFORE**

**AUGUST 26, 2016 TO: [2016awards@txhca.org](mailto:2016awards@txhca.org)**

**NOTE: This is a Writable PDF**

**2016  
C.N.A. of the Year Award**

**NOMINEE QUESTIONNAIRE – MUST ACCOMPANY PACKET**

This questionnaire, along with the letter of nomination from the administrator and the other letters of support, should be e-mailed to [2016awards@txhca.org](mailto:2016awards@txhca.org) on or before August 26, 2016.

Name of Nominee \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Date of Employment \_\_\_\_\_

Facility Ownership \_\_\_\_\_

Total Number of Years of Experience as a C.N.A. (combine all experience): \_\_\_\_\_

Do you have one continuous year of employment at current facility? YES \_\_\_\_\_ NO \_\_\_\_\_

Primary Shift worked/working \_\_\_\_\_

Special Accomplishments or achievements:

**Nomination Checklist:** The following materials must be submitted with this Nominee Questionnaire:

- letter of nomination from the employing Administrator (see back for content);
- letter from the facility Director of Nurses;
- letter from charge nurse;
- letter of support from co-worker(s);
- letter of support from resident(s);
- letter of support from family(ies);

**IMPORTANT**

Name of Administrator Submitting Nomination: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**SUBMIT COMPLETE NOMINATION ELECTRONICALLY ON OR BEFORE**

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