



Information and Nomination Forms Packet

Nomination Forms are due on or before
August 14, 2015

Email forms to: 2015awards@txhca.org

Outstanding Administrator

THCA Annual Award Nomination

This is our opportunity to recognize our
Outstanding Administrator!

Talk with facility Administration and/or any Department Supervisor to learn how YOU can contribute to the nomination of our Administrator.

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 2015 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
active participation in THCA activities/efforts (region meetings, legislative contacts, committees/councils, etc.)

All nominees of this award will be recognized at the 2015 THCA Annual Convention & Trade Show in Grapevine, Texas, September 21-24, 2015.





2015 THCA AWARDS

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 Grapevine, September 21-24, 2015.

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 2015 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 (2015awards@txhca.org) no later than **August 14, 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;
- 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

Texas Health Care Association 2015 Outstanding Administrator Award	
Nominee's Name:	
Facility Name:	
Address:	
City:	E-Mail:
Phone:	Fax:
Licensed at least two years? <small>CHECK BOX TO INDICATE 'YES'</small>	Same employer for at least one year? <small>CHECK 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: (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 2015 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 14, 2015 TO: 2015awards@txhca.org**

Letter of Nomination
2015 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 2015awards@txhca.org Attn: Gina Muniz

Outstanding Assisted Living Administrator

THCA Annual Award Nomination

This is our opportunity to recognize our Outstanding Assisted Living Administrator!

Talk with facility Administration and/or any Department Supervisor to learn how YOU can contribute to the nomination of our Assisted Living Administrator.

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
- 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
- Active participation in THCA activities/efforts (region meetings, legislative contacts, committees/councils, etc.)

All nominees will be recognized at the 2015 THCA Annual Convention & Trade Show in Grapevine, Texas, September 21-24, 2015.





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 **August 14, 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 AUGUST 14, 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

Ombudsman of the Year

THCA Annual Award Nomination

Let's Nominate our Ombudsman!

Our Ombudsman demonstrates a true concern for our residents by working with our facility staff, families and community resources.

Talk with facility Administration and/or any Department Supervisor to ensure our Ombudsman is nominated!

To Be Eligible For Consideration, A Nominee Must:

- have been actively involved as an Ombudsman/Volunteer Ombudsman in the nominating THCA Member facility for at least one (1) year
- have letter of recommendation from Administrator of nominating THCA Member facility;
- be affiliated with a THCA member facility at the time the award is presented
- have a recommendation of character, as well as instances showing the nominee as a visible advocate for quality of care in a situation involving a family and/or resident

Award recipient will be recognized at the 2015 THCA Annual Convention & Trade Show in Grapevine, Texas, September 21-24, 2015.





2015 THCA AWARDS

OMBUDSMAN OF THE YEAR

The **Ombudsman of the Year** will demonstrate a true concern for the resident by working with the facility staff, families and community resources.

The award will be presented during the Annual THCA House of Delegates Meeting at THCA's Annual Convention and Trade Show, September 28, 2014 in Dallas. The judging panel will consist of the Region Chair Council, who reserves the right not to present this award. Nominee must:

1. have been actively involved as an Ombudsman/Volunteer Ombudsman in the nominating THCA Member facility for at least one (1) year;
2. have letter of recommendation from Administrator of nominating THCA Member facility;
3. be affiliated with a THCA member facility at the time the award is presented;
4. have a recommendation of character, as well as instances showing the nominee as a visible advocate for quality of care in a situation involving a family and/or resident; and

Nomination packet should include:

- Nomination Form;
- Letter of Recommendation from Administrator of nominating facility; and
- Two (2) letters of support from other interested individuals, such as family members, residents and/or volunteers.

**SUBMIT COMPLETE NOMINATION ELECTRONICALLY
ON OR BEFORE AUGUST 14, 2015 TO: 2015awards@txhca.org**

NOTE: This is a Writable PDF

**Texas Health Care Association
2015 Ombudsman of the Year Award Nomination Form**

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

DATE CERTIFIED AS OMBUDSMAN/VOLUNTEER OMBUDSMAN: _____

AREA WHERE CERTIFIED: _____

LIST FACILITIES WHERE OMBUDSMAN HAS WORKED/VOLUNTEERED:

<u>Facility</u>	<u>Dates</u>	<u>Name of Administrator</u>

Nomination packet should include:

- Nomination Form;
- Letter of Recommendation from Administrator of nominating facility; and
- Two (2) letters of support from other interested individuals, such as family members, residents and/or volunteers.

Administrator Making Nomination

Nominating Facility

**SUBMIT COMPLETE NOMINATION ELECTRONICALLY
ON OR BEFORE AUGUST 14, 2015 TO: 2015awards@txhca.org**

Public Information & Education (PIE) Awards

These awards are presented to facilities for outstanding efforts in Media Relations and Community Education.

Talk with Administration about events and/or community outreach efforts our facility has done that you'd like to see included in our facility nomination!

MEDIA RELATIONS

To show outstanding efforts in this category, please submit at least one positive article (from August 2014 through August 2015) that meets one or more of the following criteria:

- Creativity of coverage – turning a non-event into a story
- Difficulty of coverage – turning a potentially negative event into a positive story
- Consistency – frequency of positive coverage

A statement of 100 words or less must be submitted with the article(s) to explain how the facility has met the above criteria through their work with the local media.

COMMUNITY EDUCATION

This category focuses on efforts to educate the local community on long term care issues. This can be accomplished through either an event—town hall meeting, seminar, community forum, etc.—or an ongoing outreach program.

To enter this category, the event or program must have occurred after August, 2014. Please send a statement of 200 words or less describing the goals of the event or program, how the facility met those goals, how the community responded, and how the facility and residents have benefited. Also include any literature from the event or program, i.e. brochures, invitations, agenda, video, etc.





2015 THCA AWARDS

PUBLIC INFORMATION & EDUCATION (PIE) AWARDS

THCA presents awards to member facilities for outstanding efforts in **Media Relations** and **Community Education**. The PIE awards will be presented during the Annual THCA House of Delegates Meeting at THCA's 2015 Annual Convention and Trade Show, September 20-24, 2015 in Grapevine.

If you are aware of a THCA member facility that has excelled in one of the following categories, please submit your nomination electronically by Aug 14, 2015 to: 2015awards@txhca.org

MEDIA RELATIONS

To show outstanding efforts in this category, please submit at least one positive article (from August 2014 through July , 2015) that meets one or more of the following criteria:

- Creativity of coverage – turning a non-event into a story
- Difficulty of coverage – turning a potentially negative event into a positive story
- Consistency – frequency of positive coverage

A statement of 100 words or less must be submitted with the article(s) to explain how the facility has met the above criteria through their work with the local media.

COMMUNITY EDUCATION

This category focuses on efforts to educate the local community on long term care issues. This can be accomplished through either an event—town hall meeting, seminar, community forum, etc.—or an ongoing outreach program.

To enter this category, the event or program must have occurred after August, 2014. Please send a statement of 200 words or less describing the goals of the event or program, how the facility met those goals, how the community responded, and how the facility and residents have benefited. Also include any literature from the event or program, i.e. brochures, invitations, agenda, video, etc.

Method of Nomination: A facility can be nominated through self-nomination (by any member of the facility staff), THCA business members, other facilities, local ombudsmen or Area Agencies on Aging staff, or by a local media person.

Nomination must include: Completed Nomination Form and Supporting Materials (as described for the category).

**SUBMIT COMPLETE NOMINATION ELECTRONICALLY
ON OR BEFORE AUGUST 14, 2015 TO: 2015awards@txhca.org**

NOTE: This is a Writable PDF

NOMINATION FORM

2015 THCA Public Information & Education (PIE) Awards

Award Category <i>(select one)</i>	<input type="checkbox"/> Media Relations <input type="checkbox"/> Community Education
ABOUT THE FACILITY:	
Name of Facility	
Address	
Phone	
ABOUT THE PERSON PROVIDING NOMINATION:	
Name	
Title	
Facility or Company Name (if different then facility being nominated)	
Phone Number	
E-Mail	

**SUBMIT COMPLETE NOMINATION ELECTRONICALLY
ON OR BEFORE AUGUST 14, 2015 TO: 2015awards@txhca.org**

DON of the Year

THCA Annual Award Nomination

This is an opportunity to recognize our DON for their outstanding efforts for our facility, residents and staff.

Talk with facility Administration and/or any Department Supervisor to learn how YOU can contribute to the nomination of our D.O.N.

To Be Eligible For Consideration, A DON Must Be:

- Innovative in dealing with resident and staff issues, and in the delivery of nursing care in the long term care setting.
- Dedicated to continued professional growth in the long term care nursing field.

Criteria For Selection Are:

- The nominee must be a Registered Nurse; with a minimum of two years experience as a DON in a long term care facility (not limited to a geriatric facility) with one year in nominating facility as DON.
- The nominee must be currently employed in a THCA member facility at time of application and at time the award is presented.
- The recent DADS inspection/surveys during the past twelve (12) months from the facility where the applicant works shows no tag at G scope/severity level or higher resulting from major problems/quality of care issues in nursing. If you receive a G-Tag and you feel it is not related to nursing, send a copy of the GTag for consideration. NOTE: If the facility is appealing an IJ that has not been finalized the DON is not eligible for nomination. A DON would be eligible if the deficiencies were received prior to her/his hire date and because of her/his direction they were cleared.
- The nominee will attend Nurses' Day activities at the 2015 THCA Annual Convention at the expense of the employing facility.

All Nominees will be recognized at the 2015 THCA Annual Convention & Trade Show in Grapevine, Texas, September 21-24, 2015.





2015 THCA AWARDS

D.O.N. of the Year

The Nurse Council of the Texas Health Care Association established the annual "*DON of the Year Award*" to recognize outstanding Directors of Nursing working in long term care facilities. The winner, along with all nominees, will be honored at the THCA convention.

CRITERIA

Since the goal is to honor outstanding DONs, emphasis will be placed on recognizing those who:

- are innovative in dealing with resident and staff issues, and in the delivery of nursing care in the long term care setting; and
- have shown a dedication to continued professional growth in the long term care nursing field.

NOMINEE REQUIREMENTS

- The nominee must be a Registered Nurse; with a minimum of two years experience as a DON in a long term care facility (not limited to a geriatric facility) with one year in nominating facility as DON.
- The nominee must be currently employed in a THCA member facility at time of application and at time the award is presented.
- The recent DADS inspection/surveys during the past twelve (12) months from the facility where the applicant works shows no tag at G scope/severity level or higher resulting from major problems/quality of care issues in nursing. If you receive a G-Tag and you feel it is not related to nursing, send a copy of the G-Tag for consideration. NOTE: If the facility is appealing an IJ that has not been finalized the DON is not eligible for nomination. A DON would be eligible if the deficiencies were received prior to her/his hire date and because of her/his direction they were cleared.
- The nominee will attend Nurses' Day activities at the 2015 THCA Annual Convention at the expense of the employing facility.

HOW TO SUBMIT A NOMINATION

The following materials must be received by THCA no later than **Cwi wnr/36, 2015**. Please be as specific as possible and show uniqueness of nominee. Submit attached Nomination Form with letters of recommendation.

- letter of nomination from the employing Administrator (see Letters for Nomination);
- letter from the facility medical director or an attending physician who has worked with the nominee (see Letters for Nomination);
- letter from another nurse (see Letters for Nomination info);
- letters of support from consultants, staff, family members, residents, family councils, etc. (see Letters for Nomination);
- statement on facility letterhead stating that no tag at G scope/severity or higher has resulted from nursing care during the past year;

All information received will be kept strictly confidential.

LETTERS FOR NOMINATION PACKET

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:

- A statement of how long the nominee has served as a DON in a long term care facility (a minimum of two years, which may be in more than one facility) with one year in nominating facility as DON.
- The reasons you feel this DON has excelled and should be recognized as a leader in long term care nursing. Areas to be commented upon include:
 - Nursing skills and knowledge, and how these have affected residents under her/his care. (Examples are helpful)
 - Fiscal responsibility.
 - The nominee's interaction with supervisors, peers and subordinates.
 - The nominee's impact on resident health, safety and quality of life.
 - Programs developed and/or supported by DON that enhanced the quality of care for resident or impacted nursing service in the facility.
 - How the nominee uses quality measures and quality indicators to enhance resident care/programs;
 - How the nominee has participated/enhanced the facility's Quality Improvement/Assurance process;
 - Professional organization involvement.

Letters from the Medical Director/Attending Physician, Another Nurse, and Letters of Support...

The letters of recommendation should include the reasons the doctor and another nurse feel this DON should be recognized for his/her performance as a long term care DON. Areas to be commented upon include:

- The nominee's nursing skills and knowledge, and how these have affected the residents under her/his care (include examples).
- The nominee's relationships with supervisors, peers and subordinates.
- The nominee's impact on resident health, safety and quality of life.

If you have questions about the award or requirements, please contact Dorothy Crawford at dcrawford@txhca.org. All qualified nominees will receive a certificate. The judging panel consists of THCA Nurse Council members. The Council reserves the right to not present this award.

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

**SUBMIT COMPLETE NOMINATION ELECTRONICALLY
ON OR BEFORE AUGUST 14, 2015 TO: 2015awards@txhca.org**

NOTE: This is a Writable PDF

2015 DON of the Year Award
Sponsored by
THCA Nurse Council

NOMINEE QUESTIONNAIRE – MUST ACCOMPANY PACKET

This questionnaire, accompanied by the letter of nomination from the administrator and other supporting documents should be received by THCA no later than **Cwi wuv'36, 2015**.

Name of Nominee _____

Facility Name _____

Facility Address _____

City _____ State _____ Zip _____

Telephone # (____) _____

Facility Ownership _____

Facility Bed Capacity _____ Check appropriate: _____ SNF _____ NF

Past 12 Months Survey History with G-Tag or higher: YES _____ NO _____

Total Number of Years of Experience as a D.O.N. (combine all experience): _____

Current Facility Start Date of Employment: _____ Date began as D.O.N.: _____

Number of persons under direct supervision of DON _____

Educational background (beyond high school):

Nurse employment history with dates (up to 10 years):

Membership in professional organizations:

Special accomplishments or achievements in nursing:

IMPORTANT

Name of Person Submitting Nominantion: _____

Contact Phone: _____ E-Mail: _____

**SUBMIT COMPLETE NOMINATION ELECTRONICALLY
ON OR BEFORE AUGUST 14, 2015 TO: 2015awards@txhca.org**

Nurse of the Year

THCA Annual Award Nomination

This is a great opportunity for us to show our Nurses know how awesome they are!

Talk with facility Administration and/or any Department Supervisor to learn how YOU can help nominate someone from our wonderful nursing staff!

To Be Eligible For Consideration, Nominee is:

- Innovative in dealing with resident and staff issues, and in the delivery of nursing care in the long term care setting.
- Dedicated to continued professional growth in the long term care nursing field.

Criteria For Selection Are:

- The nominee must be a Full-time Licensed Nurse (may also include any nurse management position excluding the D.O.N.) at the time of the nomination; with a minimum of two years experience as a licensed nurse in a long-term care facility (not limited to a geriatric facility).
- The nominee must be currently employed in a THCA member facility at time of application and at time the award is presented.
- The recent DADS inspection/surveys during the past twelve (12) months from the facility where the applicant works shows no tag at G scope/severity level or higher resulting from major problems/quality of care issues in nursing. If you receive a G-Tag or higher and you feel it is not related to nursing, send a copy of the Tag for consideration. If the Tag relates to nursing, provide an explanation
- All regional winners will attend Nurses Day activities at the 2015 THCA convention at the expense of the employing facility. All regional winners will receive a guest ticket for the award luncheon and will be recognized during the Nurses Day activities and luncheon.

Award Recipients will be recognized at the 2015 THCA Annual Convention & Trade Show in Grapevine, Texas, September 21-24, 2015.





2015 THCA AWARDS

NURSE OF THE YEAR

The Nurse Council of the Texas Health Care Association has established an annual "*THCA Region Facility Nurse of the Year Award*" to recognize outstanding Nurses working in long term care facilities. A Facility Nurse of the Year will be selected from each THCA Region, and the ten regional winners will attend and be honored at the THCA convention. Each member facility may submit one nomination each year.

CRITERIA

Since the goal is to honor outstanding **Facility Based Licensed Nurses**, emphasis will be placed on recognizing those who:

- are innovative in dealing with resident and staff issues, and in the delivery of nursing care in the long term care setting; and
- have shown a dedication to continued professional growth in the long term care nursing field.

NOMINEE REQUIREMENTS

- The nominee must be a **Full-time Licensed Nurse** (*may also include any nurse management position excluding the D.O.N.*) at the time of the nomination; with a minimum of two years experience as a licensed nurse in a long-term care facility (not limited to a geriatric facility).
- The nominee must be currently employed in the current THCA member facility for a minimum of one year at time of application; and at time the award is presented.
- The recent DADS inspection/surveys during the past twelve (12) months from the facility where the applicant works shows no tag at G scope/severity level or higher resulting from major problems/quality of care issues in nursing. If you receive a G-Tag or higher and you feel it is not related to nursing, send a copy of the Tag for consideration. If the Tag relates to nursing, provide an explanation.
- All regional winners will attend Nurses Day activities at the 2015 THCA convention at the expense of the employing facility. All regional winners will receive a guest ticket for the award luncheon and will be recognized during the Nurses Day activities and luncheon.

HOW TO SUBMIT A NOMINATION

The following materials must be electronically submitted no later than **August 14, 2015**. **Please be as specific as possible and show uniqueness of nominee.**

- letter of nomination from the employing Administrator (see Letter from Administrator for content);
- letter from the facility DON who has worked with the nominee (see Letter from DON for content);
- letter from another nurse or coworker;
- include other letters of support from consultants, staff families, residents, family councils etc.; and

All information received will be kept strictly confidential.

LETTER FROM THE ADMINISTRATOR

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

- The reasons you feel this Nurse has excelled and should be recognized as a leader in long term care nursing. 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, peers and subordinates.
 - 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.
 - Professional organization involvement.
- Submit attached nominee questionnaire and the letters of nomination.

LETTER FROM THE DIRECTOR OF NURSING

The letter of recommendation should include the reasons the DON feels this Nurse is outstanding and should be recognized for his/her performance as a long term care Nurse. Areas to be commented upon include:

- The nominee's nursing skills and knowledge, and how these have affected the residents under her/his care (include examples).
- The nominee's relationships with supervisors, peers and subordinates.
- The nominee's impact on resident health, safety and quality of life.

NOTE: Winner must be employed as a **Full-time Facility Based Licensed Nurse** (LVN/RN) 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 requirements, please contact Dorothy Crawford at dcrawford@txhca.org. All qualified nominees will receive a certificate. The judging panel will consist of the Nurse Council members. *The Council reserves the right to not present this award.*

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

**SUBMIT COMPLETE NOMINATION ELECTRONICALLY
ON OR BEFORE AUGUST 14, 2015 TO: 2015awards@txhca.org**

NOTE: This is a Writable PDF

2015 Nurse of the Year Award
Sponsored by
THCA Nurse Council

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 2015awards@txhca.org on or before August 14, 2015.

Name of Nominee _____

Facility Name _____

Facility Address _____

City _____ State _____ Zip _____

Telephone # (____) _____ Date of employment: _____

Facility Ownership _____

Facility Bed Capacity _____

Past 12 Months Survey History with G-Tag or higher: YES _____ NO _____

Experience as Full-time Licensed Nurse (total number of years): _____

Employed as Licensed Nurse at current facility at least 1 Year? YES _____ NO _____

List Responsibilities of Nurse Nominee: _____

Primary Shift Currently Working: _____

Educational background (beyond high school):

Nurse employment history with dates (up to 10 years):

Membership in professional organizations:

Special accomplishments or achievements in nursing:

IMPORTANT

Name of Person Submitting Nominantion: _____

Contact Phone: _____ E-Mail: _____

**SUBMIT COMPLETE NOMINATION ELECTRONICALLY
ON OR BEFORE AUGUST 14, 2015 TO: 2015awards@txhca.org**

CNA of the Year

THCA Annual Award Nomination

**This is the optimal opportunity to recognize our
Dedicated Front-Line Caregivers!**

Talk with facility Administration and/or any Department Supervisor to learn how YOU can help nominate someone who goes above & beyond for our residents!

To Be Eligible For Consideration, A CNA Must Be:

- compassionate, caring, and innovative in dealing with residents, families, and staff, and in the delivery of nursing care in the long term care setting
- Dedicated to continued commitment and development.

Criteria For Selection Are:

- 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 and at time the award is presented.
- The nominee is eligible if they have won this award within the last three years.

*Award Recipients will be recognized at the 2015 THCA Annual
Convention & Trade Show in Grapevine, Texas, September 20-24, 2015.*





2015 THCA AWARDS

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 2015 Annual Convention September 20-24, 2015 in Grapevine, Texas 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 your respective Region Chair or Gina Muniz at: gmuniz@txhca.org

**SUBMIT COMPLETE NOMINATION ELECTRONICALLY
ON OR BEFORE AUGUST 14, 2015 TO: 2015awards@txhca.org**

NOTE: This is a Writable PDF

**2015
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 2015awards@txhca.org on or August 14, 2015.

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 AUGUST 14, 2015 TO: 2015awards@txhca.org**

Nursing Scholarships

For CMA, LVN, RN, & Advanced Degree

The Nurse Council of the Texas Health Care Association coordinates Nurse Scholarships for individuals:

- Employed in a member long term care facility at the time of application
- Employed in a member long term care facility when the scholarship is awarded
- Who would like to further his or her education to continue working in long term care after a certificate, degree and/or diploma is obtained
- Employed in long term care for one year, with six months in current facility
- Who are currently enrolled in or have been accepted into a nursing program – CMA, LVN, RN or Advanced Nursing.

*** Proof of current enrollment or acceptance in a nursing program must be included with the application.**

Applicants will be judged by a panel of nurses from the THCA Nurse Council presently working in long term care. The winners will be awarded a **\$500 scholarship sponsored by THCA and sponsoring members**. All scholarships will be presented at the Nurses' Luncheon September 23rd at the THCA Annual Convention in Grapevine, Texas.

Applications must be received by August 14, 2015, and be accompanied by a statement from the applicant explaining why they chose long term care and why they would like to continue their education in nursing. Applications must also include letters of reference from the Administrator and a minimum of one from the following list:

- DON
- Supervisor
- Healthcare Professional

***Applications not meeting ALL of the above criteria will be disqualified.**





2015 THCA AWARDS
NURSE SCHOLARSHIP

The Nurse Council of the Texas Health Care Association coordinates Nurse Scholarships for individuals:

- Employed in a member long term care facility at the time of application
- Employed in a member long term care facility when the scholarship is awarded
- Who would like to further his or her education to continue working in long term care after a certificate, degree and/or diploma is obtained
- Employed in long term care for one year, with six months in current facility
- Who are currently enrolled in or have been accepted into a nursing program – CMA, LVN, RN or Advanced Nursing.

NOTE: Proof of current enrollment or acceptance in a nursing program must be included with the application.

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Applications must also include letters of reference from the Administrator and a minimum of one from the following list:

- DON
- Supervisor
- Healthcare Professional

Applications not meeting ALL of the above criteria will be disqualified.

**SUBMIT COMPLETE NOMINATION ELECTRONICALLY
ON OR BEFORE AUGUST 14, 2015 TO: 2015awards@txhca.org**

NOTE: This is a Writable PDF

**2015 THCA Nurse Scholarship, Sponsored by THCA Nurse Council
P. O. Box 4554, Austin, TX 78765**

Name _____ Current Position _____
Current Facility Employer _____ Length of Time Employed _____
Facility Address _____
City _____ State _____ Zip _____
Facility Telephone (____) _____ Home Telephone (____) _____

Employed in LTC at least one (1) year? YES _____ NO _____
Employed in current facility at least six (6) months? YES _____ NO _____

EDUCATION

Name and Location of School	Years Attended	Date Graduated	Type of Degree	Subjects Studied

Indicate program enrolled in: _____ CMA _____ LVN _____ RN _____ Advanced Degree
Name, Address & Telephone Number of Nursing School (Enrolled/Accepted) _____

Other activities involved or participating in (Civic, Athletic, Fraternal, Community, Church, etc.). _____

EMPLOYERS

(List below Last Four Employers, Starting with Most Recent One First)

Date-Month & Year	Name & Address of Employer	Position	Reason for Leaving
From			
To			
From			
To			
From			
To			
From			
To			

REFERENCES:

List below the names of three (3) persons not related to you, whom you have known at least one year

Name	Address	Business	Years Acquainted

In 200 words or less, describe your interest and experience in long term care and why you would like to continue your education and work in long term care.

I authorize verification of all information contained in this application.

I attest that I will continue to work in long term care.

I certify that all of the information contained herein is true and correct.

DATE _____ **SIGNATURE** _____

IMPORTANT

Name of Person Submitting Nominantion: _____

Contact Phone: _____ E-Mail: _____