

NDLTCA's "Caregiver Award" Nomination Form

Resident/tenants and/or family members are invited to nominate individuals working in long term care facilities for the prestigious "Caregiver Award", a program sponsored by the North Dakota Long Term Care Association.

The Award recognizes employees who go above and beyond to substantially enhance the quality of life for residents/tenants. All employees working in North Dakota long term care facilities are eligible for the Award.

Criteria:

1. The caregiver must be nominated by a resident/tenant or his/her family member.
2. The caregiver must be employed in a North Dakota long term care facility.
3. All entries must be postmarked by the first Friday in February and be mailed to:

North Dakota Long Term Care Association
1900 N. 11th St.
Bismarck, ND 58501



4. All entries must be either typed or printed in legible handwriting.
5. The judging of this award is based on how the caregiver substantially enhances the quality of life of the individual residents and what unique things are done above and beyond the applicant's job description.

A cash award will be presented to the recipient(s) during the annual NDLTCA Spring Convention in Bismarck. Everyone nominated for the Award will receive a Certificate of Outstanding Achievement from the NDLTCA. For more information, contact Bev Herman at 701-222-0660.

Nomination Information:

Name of caregiver nominated for recognition:

Name of facility where caregivers is employed:

Caregiver's position/profession: (check all that apply)

- | | | | | | |
|-------------------------------------|---|--|----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Activities | <input type="checkbox"/> CNA/CMA | <input type="checkbox"/> Chaplain | <input type="checkbox"/> Dietary | <input type="checkbox"/> Environmental | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Office/financial | <input type="checkbox"/> Social Services | <input type="checkbox"/> Therapy | <input type="checkbox"/> Unsure | <input type="checkbox"/> Other |

Your Name:

Address:

City/State/Zip:

Are you (check one):

a resident

a family member of a resident

RELEASE: I hereby grant permission to the North Dakota Long Term Care Association to publish and distribute the following nomination will be returned with a Certificate of Outstanding Achievement to the individual I nominate.

Signature

Date

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What makes this person special to you? Please list specific examples of what they do to enhance the quality of life for you or your loved one.

Feel free to submit additional pages of supporting documentation.
Send completed forms to: NDLTCA, 1900 N. 11th Street, Bismarck, ND 58501
Nominations are due by the first Friday in February.