

NDLTCA "CAREGIVER AWARD" NOMINATION FORM

Residents and/or their 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. Residents and/or their family members can submit more than one caregiver nomination.

The Award recognizes employees who go above and beyond the regular call of duty and substantially enhance the quality of life for residents. All employees working in North Dakota long term care facilities are eligible for the Award including nurses, nursing assistants, dietary aides, housekeeping personnel, maintenance staff, activity coordinators and others.

Criteria:

1. The applicant must be nominated by a resident or his/her family member.
2. The applicant must be employed in a North Dakota long term care facility.
3. All entries must be postmarked by February 4, 2010, and be mailed to:

North Dakota Long Term Care Association
1900 North 11th Street
Bismarck, ND 58501

4. All entries must be either typed or printed in legible handwriting. The application can be found on the NDLTCA web site at: www.ndltca.org/links.html.

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. Special consideration will be given to paraprofessional staff and the number of years of service in the profession.

A cash award will be presented to the recipient(s) during the annual NDLTCA Convention in May 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.

Please print or type all responses to this application.

Name of caregiver nominated for recognition: _____

Name of facility where the caregiver is employed: _____

Caregiver's current position/profession _____

Caregiver's estimated years of service _____

**PLEASE TURN THE PAGE AND COMPLETE
THE REMAINDER OF THE FORM**

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Your name (name of the individual submitting the nomination): _____

Your address: _____
City State Zip

Your telephone number: (_____) _____
Area code Number

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 form. I understand this nomination will be returned with a Certificate of Outstanding Achievement to the individual I nominate.

Your signature Date

1. In what capacity have you known the individual being nominated?

2. What makes this person special to you?

3. List **specific** examples of how the individual being nominated goes above and beyond the regular call of duty to enhance the quality of life for your and/or long term care residents.

4. How does the individual being nominated set an example for other employees to follow?

Feel free to attach additional pages of supporting documentation.
Send completed forms to: NDLTCA, 1900 North 11th Street, Bismarck, ND 58501