

NDLTCA "CAREGIVER AWARD" NOMINATION FORM

Residents/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 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 North 11th Street 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 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. All nominees will receive a Certificate of Outstanding Achievement from NDLTCA and be listed in the Caregiver Booklet. For more information, contact your facility administration office or Carol Ternes, NDLTCA 701-222-0660.





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If you have more than one caregiver that you would like to nominate, please make additional copies of this form.

Name of caregiver nominated for recognition:
Name of facility where the caregiver is employed:
Caregiver's position/profession: □ Activities □ CNA/NA/Med Aide □ Chaplain □ Dietary □ Environmental □ Housekeeping □ Nurse □ Office/Financial □ Social Services □ Therapy □ Unsure other
Your Name (name of the individual submitting the nomination):
Address: City State Zip
Are you (check one): \square a resident \square 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.
Signature Date
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.