



2023 LTCNA NURSING AWARDS

LTCNA Nursing Awards Program

The Annual Nursing Awards Program recognizes outstanding CNAs, MDS Coordinators, Nurses and DONs who have proven to be dedicated, hardworking and compassionate while caring for facility residents in an ever-changing long term care environment. ***The information in these nomination forms pertains only to the LTCNA Nursing Awards.***

Program Details

- Each member center that submits a nomination(s) must designate **ONE** contact for all of their nominations.
- All nominees will receive a certificate recognizing their achievement.
- Facilities are welcome (and encouraged!!) to submit multiple nominations.
- The LTCNA Nursing Awards will be presented at Ovation: A Celebration of Long Term Care Nurses during IHCA's Annual Convention & Expo in Springfield.
- A list of nominees, as well as information about the chosen winners, will be featured in IHCA publications, and on our websites and/or social media pages.
- Press releases will be sent to local media outlets announcing the winners.

Before you submit your nominations:

- Did you know that you can submit your nominations online at <https://form.jotform.com/IHCA/2023-ltcna-nursing-awards>
- Did you read the nomination guidelines/instructions carefully?
- Did you answer every question as applicable?
- Did you attach a photo of your nominee?

Visit <http://www.ihca.com/convention> for more information.

If you have any questions, please contact Ashley Caldwell at acaldwell@ihca.com or 800-252-8988.

Nursing Award Categories

The criteria for the following nominations are based on excellence and outstanding service in long term care.

**Director of Nursing
Nurse**

**MDS Coordinator
Nursing Assistant (CNA)**

Award Nomination Rules & Procedures

- 1. The nominee must be an employee of an IHCA member center.**
- 2. Designated Contact: Each member center must choose one person to serve as the designated contact.** All follow-up correspondence, award information, nomination questions, etc. will be sent to the Designated Contact.
- 3. The Designated Contact must be included on each nomination.**
- 4. Member centers are encouraged to submit multiple nominations.**
- 5. You may submit multiple nominations for each category.**
- 6. You must answer each question for the nomination to be considered.**
- 7. You may submit your nominations online. If submitting hard copies, please make sure that all forms are printed legibly or typed.**
- 8. Each entry must include a DIGITAL PHOTOGRAPH of the nominee(s) for use in the IHCA awards presentation.**
 - a. Photo files should be ***no larger than 3 MB.***
 - b. The ***file name should contain the name of the nominee.***
 - c. Photos should be a headshot or something similar. Please avoid group shots and selfies if possible.
 - d. Contact Ashley Caldwell at acaldwell@ihca.com for any photo questions.
- 9. Letters of recommendation are **OPTIONAL** and **no more than two will be accepted.****
- 10. Winners will be chosen by a panel of judges selected by LTCNA. IHCA/LTCNA reserve the right not to present any award.**
- 11. Awards will be presented at the IHCA Annual Convention and Expo. All nominees will receive a certificate of recognition.**

Submission Deadline

Nominations must be received no later than close of business on Friday, June 30, 2023 to be considered.

Send to: Attn: Ashley Caldwell
Illinois Health Care Association
1029 South 4th Street
Springfield, IL 62703

Fax to: (217) 528-0452
Email to: acaldwell@ihca.com

Nomination Form

These forms are only for the LTCNA Nursing Awards. Choose one of the following categories to submit your nomination. **A category must be checked for the nomination to be considered.** There is no limit to the number of nominees accepted from each facility.

- Director of Nursing (DON)
- Nurse
- MDS Coordinator
- Certified Nursing Assistant (CNA)

Each entry must include the following items in order to be considered:

1. A typed Nomination Form, including answers to all of the questions listed below. One additional piece of paper may be submitted.
2. A digital photo of the nominee to be included in the video presentation at Ovations.

Designated Contact

Contact Name & Title _____

Contact Email Address _____

IHCA Member Center/Organization _____

Center Address _____

City/State/Zip _____

Telephone (_____) _____

Local Media Information

****OPTIONAL****

Please list 2 media outlets (newspaper, radio, television) you would like to have notified if your nominee is a winner:

Media Name _____

Email _____ Fax (_____) _____

Media Name _____

Email _____ Fax (_____) _____

Nominee Information

Nominee's Name: _____

****If different from Designated Contact Information, please fill in the following:**

IHCA Member Center/Organization _____

Address _____

City/State/Zip _____

Telephone (_____) _____

1. What is the nominee's position at the facility? _____

2. How long has the nominee worked in the long term care profession? _____

3. How long has the nominee worked at this facility? _____

4. How long has the nominee worked in his/her current position? _____

5. Please describe how this individual interacts with residents and their families.

6. Please describe any ways in which this individual stands out in their interactions with coworkers/management/direct reports within your center or organization.

7. Why do you feel this individual deserves to be recognized? Give specific examples.

Completed forms and supporting documents must be submitted no later than Friday, June 30, 2023.