CIRCLE OF EXCELLENCE FACILITY AND 10-YEAR APPLICATION

Please read and complete application in its entirety.

NADONALTC
NATIONAL ASSOCIATION DIRECTORS OF NURSING ADMINISTRATION/LONG TERM CARE

Facility DON/ADON must be an active member of NADONA.

Zero (0) deficiencies from state or federal survey or proof of employment at the same facility as a director of nursing, DON Nurse manager or Wellness Nurse for at least 10 years. Evidence must be submitted at time of application. Evidence accepted for proof of employment is a letter (on facility letterhead) from Administrator/Executive Director.

Award is based on surveys conducted from April 1st to April 1st each year.

Applications must be received on or before May 1.

Applications must be completed fully. Incomplete applications

National Conference Registration . . .
1/2 OFF for zero deficiency, 1/2 OFF for 10-year same facility DON's

To take advantage of this offer complete the Attendee Registration Application and Circle of Excellence Facility Application.

FACILITY NAME - *Please print letters clearly in boxes (Print Facility/Community name as you would like it to appear on the certificate.)*

Corporation

Administrator/Executive Director

Director of Nursing

Facility/Community Address

City

State

Zip

Telephone

Email

Will you be sending a representative to the NADONA/LTC CONFERENCE to receive this award? Yes _____ No _____

❒ Over 10 years employment at the same facility/community (Provide letter from Facility Administrator/Executive Director)

❒ Zero Deficiency (Complete the following)

Date of Facility/Community survey: _____
Please provide evidence of survey between April 1 and April 1 on a separate sheet and attach to this application.

To what or whom do you attribute achieving zero deficiencies in your Facility?: *(May use additional paper, if necessary)*

_____

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Submit on or before May 1: NADONA/LTC CIRCLE OF EXCELLENCE AWARDS, Reed Hartman Tower, 11353 Reed Hartman Highway, Suite 210, Cincinnati, Ohio 45241 or fax to 513-791-3699