



NADONA LTC NURSE ADMINISTRATOR OF THE YEAR NOMINATION FORM

Please print clearly – use one form for each nominee

Nominee Information

First Name	Last Name	Title/Position
Address		
City	State	Zip
Phone	Fax	Email

Please attach the following documentation:

- Written statement describing the reasons the nominee should be named Nurse Administrator of the Year. These reasons should include a description of the nominee's dedication and contributions to the field of long term care. Please include awards, certifications, length of service, etc.
- Letters from co-workers, families, residents or others, describing why the nominee should be named Nurse Administrator of the Year.
- The nomination form and all documentation must be submitted to either conference@nadona.org **OR** mail two (2) copies to:

**NADONA/LTC Nomination
Reed Hartman Tower
11353 Reed Hartman Highway, Suite 210
Cincinnati, OH 45241**

- Deadline is **June 1st** of any given year

Nominator Information

First Name	Last Name	Daytime Phone
Title	Email address	

Process:

- Candidates must be a member of NADONA, LTC.
- Candidates may be nominated by other members, colleagues, Administrators, Medical Directors or any other health professional involved in long term care.
- Candidates may not self-nominate.
- Candidates will be selected by an Awards Committee who will be comprised of members of NADONA/LTC.
- Candidates will not be identified by name to the Awards Committee.
- Awards will be made at the NADONA/LTC Conference.
- One award per region will be presented, provided each region is represented in nominations received prior to the deadline.
- The nominee obtaining the highest number of points will be awarded "National Nurse Administrator of the Year" in addition to Nurse Administrator of the Year in her/his region.