



NADONA's 30th National Conference

Disney's Coronado Springs Resort Lake Buena Vista, FL July 14-19, 2017

2017 NADONA Nurse Administrator of the Year Nomination Form



Please attach the following documentation:

- Written statement describing the reasons the nominee should be named Nurse Administrator of the Year by the person nominating (include a description of the nominee's dedication and contributions to the field of long-term care)
- Letters from co-workers, families, residents or others should describe why the nominee should be named Nurse Administrator of the Year (points awarded per each letter received)
- The nomination form and all documentation must be submitted to conference@nadona.org OR mail two (2) copies to:

NADONA Nomination
NADONA, 1329 East Kemper Road, Suite 4100A, Springdale, Ohio 45246

- **Deadline is June 1, 2017**

Nominator Information

First Name	Last Name	Daytime Phone
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Title/Position	Email
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Process:

- Candidates must be a member of NADONA.
- Candidates may be nominated by other members, colleagues, Administrators, Medical Directors or any other health professional involved in long-term care.
- Candidates may self-nominate.
- Candidates will be selected by an Awards Committee who will be comprised of NADONA members.
- Candidates will not be identified by name to the Awards Committee.
- Awards will be given during the Tuesday evening Awards Banquet.
- One award per region will be presented, provided each region is represented and nominations are received prior to the deadline.
- The nominee obtaining the highest number of points will be awarded "National Nurse Administrator of the Year".
- Current national Board Members are not eligible during their term of office.

For official use only

Region: _____

Applicant number: _____

Application complete: _____

Notes:



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2017 NADONA Nurse Administrator of the Year Nomination Form (continued)



Tell Us About Your Nominee

Current Title _____

Number of years at current position _____ Number of years as a Nurse Administrator _____ Number of years in LTC _____

List your certifications _____

Number of Years NADONA member _____ NADONA certifications (Select all that apply)
 CDONA FACDONA CALN CLPN GDCN IP-BC CDP CADDCT

NADONA Academy of Fellows Yes _____ No _____ How many National Conferences have you attended _____

Do you serve on your state chapter of NADONA? If yes, current position _____

List of Awards (please add a separate sheet of paper with awards if needed) _____

List any volunteer responsibilities i.e., church, scouts, state or local DON association _____

Letters of support: (total number of letters sent in each category) at least three letters total are required. _____

Supervisor: _____ Co-workers: _____ Residents: _____ Residents' Families: _____ Other: _____

- **Deadline is June 1, 2017**

Current Title _____ Credentials _____

Do you currently, or have you previously served on your state board of NADONA? If yes, Please list the years and positions held.

THREE letters of support are required. Please list who the letters of support are from.

- 1.
- 2.
- 3.

Points are added for additional letters of support, please send as many legibly written letters as you would like.