

# New York Chapter

American College of Health Care Administrators

## Nomination Form ► ADMINISTRATOR OF THE YEAR AWARD

**PURPOSE OF AWARD:** To recognize a Member, Fellow, Certified Member or Certified Fellow of the College who has demonstrated the highest professional standards as a qualified administrator in long-term care.

**ELIGIBILITY:** The nominee's eligibility shall be based on documented administrative accomplishment in each of the following areas:

◆ **COMMUNITY HEALTH CARE ACTIVITIES:** The nominee must have participated in constructive activities to improve health and welfare in and beyond the confines of his/her facility or in the long-term care field

◆ **PATIENT CARE AND ADMINISTRATION:** The nominee's contribution to noteworthy improvement in patient care and administration in his/her facility, or in the arena of long-term care, should have set an example for the field

◆ **EDUCATION OR RESEARCH:** The nominee must have demonstrated effort toward education for better administration in long-term care facilities through in-service training and/or the overall field of long-term care as a preceptor, lecturer, author, faculty member, or similar educational role - or the nominee must have conducted consequential research into the internal management of a facility that has also had an impact on the field of long-term care

### NOMINEE INFORMATION

Name \_\_\_\_\_ Title \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (with area code) \_\_\_\_\_ Fax Number: \_\_\_\_\_

ACHCA Membership Status: Member  Fellow  Certified Member  Certified Fellow

Date Joined ACHCA: \_\_\_\_\_ Email \_\_\_\_\_

### PLEASE ATTACH ANSWERS TO THE FOLLOWING THREE QUESTIONS: (COMPLETED BY NOMINATOR - ATTACHED TO NOMINATION FORM)

1► The nominee is required to participate in constructive activities to improve the health and welfare in and beyond the confines of his/her facility or in the long-term care arena. Describe the activities the nominee has participated in and how these activities have improved the nominee's facility and/or contributed to the community.

2► Describe the contributions the nominee has made toward improving patient care and administration in long-term care facilities.

3► Describe the contributions the nominee has made toward education for better administration in his/her own facility and/or within the field of long-term care, or describe the nominee's research activity and its impact on the field of long-term care.

### REFERENCES

Three (3) personal letters of reference for the nominee are to be sent directly to the Awards Chairperson. Each letter should be on company letterhead and include the writer's name, title, and relationship to nominee, contact information, and ACHCA membership status (if applicable).

### NOMINATOR INFORMATION

Name \_\_\_\_\_ Title \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (with area code) \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

BEFORE YOU SUBMIT, BE SURE THAT THE FOLLOWING ARE COMPLETE:

- Original nomination form - completed
- Nominator's answers to three questions - attached
- (3) Letters of reference sent directly to Awards Committee

SEND NOMINATION MATERIALS TO:

Caroline Rich, LNHA  
NY/ACHCA Awards Committee  
c/o Four Seasons Nursing & Rehabilitation Center  
1555 Rockaway Parkway  
Brooklyn, NY 11236  
crich@fourseasonsnh.com

# New York Chapter

American College of Health Care Administrators

## Nomination Form ► NEW ADMINISTRATOR OF THE YEAR AWARD

### PURPOSE OF AWARD ►

To recognize an ACHCA member who has been a practicing administrator for five (5) years or less, and who has demonstrated exceptional commitment and potential in the areas of administrative capability, leadership, innovation, creativity, motivation and attitude, as well as potential for leadership in the College.

### ELIGIBILITY ►

The nominee's eligibility shall be based on supporting documentation in the following areas:

- Member of ACHCA
- Practicing long-term care administrator for 5 years or less
- Service to ACHCA

### NOMINEE INFORMATION

Name \_\_\_\_\_ Title \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (with area code) \_\_\_\_\_ Fax Number: \_\_\_\_\_

ACHCA Membership Status: Member  Fellow  Certified Member  Certified Fellow

Date Joined ACHCA: \_\_\_\_\_ Email \_\_\_\_\_

### PLEASE ATTACH ANSWERS TO THE FOLLOWING THREE QUESTIONS: (COMPLETED BY NOMINATOR - ATTACHED TO NOMINATION FORM)

- 1► Describe the contributions the nominee has made toward improving resident care and administration in his/her facility.
- 2► Describe the contributions the nominee has made toward potential leadership in the College.
- 3► In your best judgment, why do you feel this nominee deserves this award?

### REFERENCES

Three (3) personal letters of reference for the nominee are to be sent directly to the Awards Chairperson. Each letter should be on company letterhead and include the writer's name, title, and relationship to nominee, contact information, and ACHCA membership status (if applicable).

### NOMINATOR INFORMATION

Name \_\_\_\_\_ Title \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (with area code) \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

BEFORE YOU SUBMIT, BE SURE THAT THE FOLLOWING ARE COMPLETE:

- Original nomination form - completed
- Nominator's answers to three questions - attached
- (3) Letters of reference sent directly to Awards Committee

SEND NOMINATION MATERIALS TO:  
Ms. Caroline Rich, LNHA, Chairperson  
NY ACHCA Awards Committee  
c/o Four Seasons Nursing & Rehab Center  
1555 Rockaway Parkway  
Brooklyn, New York 11236  
Email: [crich@fourseasonsnh.com](mailto:crich@fourseasonsnh.com)