



NDLTCA “CAREGIVER AWARD” NOMINATION FORM

Residents/tenants and/or family members are invited to nominate individuals working in long term care facilities for the prestigious “Caregiver Award,” a program sponsored by the North Dakota Long Term Care Association.

The Award recognizes employees who go above and beyond to substantially enhance the quality of life for residents/tenants. All employees working in North Dakota long term care facilities are eligible for the Award.

Criteria:

1. The caregiver must be nominated by a resident/tenant or family member.
2. The caregiver must be employed in a North Dakota long term care facility.
3. All entries must be postmarked by the first Friday in February, and be mailed to:

North Dakota Long Term Care Association
1900 North 11th Street
Bismarck, ND 58501

4. All entries must be either typed or printed in legible handwriting.
5. The judging of this award is based on how the caregiver substantially enhances the quality of life of residents and what unique things are done above and beyond the applicant’s job description.

A cash award will be presented to the recipient(s) during the annual NDLTCA Spring Convention in Bismarck. All nominees will receive a Certificate of Outstanding Achievement from NDLTCA and be listed in the Caregiver Booklet. For more information, contact your facility administration office or Miranda Gross, NDLTCA 701-222-0660.

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*If you have more than one caregiver that you would like to nominate,
please make additional copies of this form.*

Name of caregiver nominated for recognition: _____

Name of facility where the caregiver is employed: _____

Caregiver's position/profession:

- Activities CNA/NA/Med Aide Chaplain Dietary Environmental Housekeeping Nurse
 Office/Financial Social Services Therapy Unsure other _____

Your Name (name of the individual submitting the nomination): _____

Address: _____

City State Zip

Are you (check one): a resident a family member of a resident

RELEASE: I hereby grant permission to the North Dakota Long Term Care Association to publish and distribute the following nomination form. I understand this nomination will be returned with a Certificate of Outstanding Achievement to the individual I nominate.

Signature Date

What makes this person special to you? Please list specific examples of what they do to enhance the quality of life for you or your loved one.

Feel free to attach additional pages of supporting documentation.
Send completed forms to: NDLTCA, 1900 N 11th St, Bismarck, ND 58501
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