

New York Chapter

American College of Health Care Administrators

Deadline: October 29th, 2007

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: _____

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 _____

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:

Vince A. Liaguno, LNHA, Chairperson
NY/ACHCA Awards Committee
c/o Westhampton Care Center
78 Old Country Road
Westhampton, NY 11977

Email: vliaguno@westhamptoncarecenter.com