

Dear ACHCA Member/Nursing Director,

It's that time of year again – time to think of that special Administrator who deserves recognition for the talent and professionalism he or she brings to our field. The New York Chapter of ACHCA is looking for candidates for our Administrator of the Year and New Administrator of the Year awards. Nominees should exemplify the true meaning of the professional healthcare Administrator.

As a former recipient of the New Administrator of the Year award, I can tell you first-hand how honored I felt to be nominated and then selected by my peers. It meant the world to me to be acknowledged in such a special way by those whom I've admired and looked up to throughout my career. Won't you take a few moments out of your busy day to think about someone you'd like to make feel that special?

Enclosed you will find the criteria and nomination forms for both awards. Forms may also be downloaded from the New York Chapter website. As this year's chairman of the Awards and Community Relations Committee, I would encourage you to take the time to nominate that deserving Administrator who immediately comes to mind when you think of the best of the best. Kindly remember that your nominee must be a member of ACHCA to be eligible for either award. Additional information regarding Administrator of the year/New Administrator of the year can be found at the ACHCA website [www.nyachca.org](http://www.nyachca.org).

The deadline for award nominations is \_\_\_\_\_ – so please make haste in submitting your nominations. Winners will be recognized at the New York Chapter's annual convention in 2021. If you have any questions, please do not hesitate to contact me at (585) 872.1690 or via email at [kchambery@ghfa.org](mailto:kchambery@ghfa.org).

Best regards,



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**

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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)**

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- 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**

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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**

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Name \_\_\_\_\_ Title \_\_\_\_\_  
Name of Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (with area code) \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-mail \_\_\_\_\_

BEFORE YOU SUBMIT, BE SURE THAT THE FOLLOWING ARE COMPLETE:  <input checked="" type="checkbox"/> Original nomination form - completed <input checked="" type="checkbox"/> Nominator's answers to three questions - attached <input checked="" type="checkbox"/> (2) Letters of reference sent directly to Awards Committee
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SEND NOMINATION MATERIALS TO:  
Keith Chambery  
NY ACHCA Awards Committee  
c/o Genesee Health Facilities association  
40 Barrett Drive  
Webster, New York 14580  
Email: [kchambery@ghfa.org](mailto:kchambery@ghfa.org)



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
- (2) Letters of reference sent directly to Awards Committee

SEND NOMINATION MATERIALS TO:  
Keith Chambery  
NY ACHCA Awards Committee  
c/o Genesee Health Facilities association  
40 Barrett Drive  
Webster, New York 14580  
Email: [kchambery@ghfa.org](mailto:kchambery@ghfa.org)

