

*Arizona Health Care Association
2009 Annual Awards
Nomination Forms
Deadline 4:00 pm,
Wednesday, July 15, 2009*



*And the
Award Goes
To*



Arizona Health Care Association
Annual Conference and Trade Show
August 25-27, 2009
Renaissance Glendale Hotel
Glendale, Arizona



Arizona Health Care Association 2009 Annual Awards

Recognizing Those Who Serve Arizona's
Long Term Care Facilities and Assisted Living Communities

The Award Purpose

The purpose of the awards is to recognize those within the long term care and assisted living profession who have devoted both time and talent to caring for elderly and disabled residents in Arizona. Resident awards are designed to spotlight the unique individuals who have, and continue to, contribute to our society. In certain categories, a program team will be selected, rather than an individual. The intent is to recognize that a program is excellent because of a team of people, rather than just one person.

The Award Categories:

Nurse
Certified Nursing Assistant
Assisted Living Caregiver
Therapy
Activities
Dietary
Environmental Services
Social Services
Front/Business Office
Resident
Volunteer
Innovative Program
Amateur Photography

The Award Criteria and Application Deadline

All nominees must be employed at an AHCA Member Facility/Community in good standing at the time of application and at the time the award is presented; must have worked at the facility/community **for at least 2 years**; and must have demonstrated a focus on best practices/quality improvement. Annual survey results and quality measures will also be considered. Each nomination **must be completed** on the appropriate form and **received at the AHCA Office by 4:00 pm, Wednesday, July 15, 2009**.

Nominations received after July 15, 2009 will not be considered.

Judging and Award Presentation

Winners will be chosen by a panel of judges named by the Arizona Health Care Association and judges will not be affiliated with any AHCA facility or assisted living community. **(AHCA reserves the right to not present any award)**. Awards will be presented at the Annual Awards Luncheon on Thursday, August 27, 2009 at the Renaissance Glendale Hotel and Spa.

Submission of Applications

Send all nomination forms, a **photo** of the individual or team, and supporting documents to:

★ AHCA Awards ★ 1440 E. Missouri Avenue, Suite C-102 ★ Phoenix, Arizona 85014

Questions

For additional information or clarification call AHCA at (602) 265-5331 or Email: ldoescher@azhca.org.

Nomination Form

Choose one of the following categories to nominate a staff member or volunteer of an AHCA member facility. **A category must be checked for the nomination to be considered.** Please include two letters of support (maximum allowed), **a photo of the individual or team**, and mail the application to: **AHCA – Attn: Awards ★ 1440 E. Missouri Avenue, Suite C-102 ★ Phoenix, Arizona 85014 no later than 4:00 pm on Wednesday, July 15, 2009.** For additional information or clarification call John Linda at 602-265-5331 or email ldoescher@azhca.org.

- Nurse**
- Certified Nursing Assistant**
- Assisted Living Caregiver**
- Therapy**
- Activities**
- Dietary**
- Environmental Services**
- Front/Business Office**
- Resident**
- Volunteer**

Please copy this form if you would like to submit multiple nominations. There is no limit to the number of nominees considered from each facility/community.

Nominee's Name & Title: _____

AHCA Member Facility/Community: _____

Address: _____

City/State/Zip: _____

Nominator's Name & Title: _____

Nominator's Phone: () _____ Fax: () _____

Nominator's Email: _____

Administrator/Manager Signature _____

INNOVATIVE PROGRAM AWARD

This award salutes a unique program that sets a leadership example for others. This award recognizes programs that are not typical of every long term care facility/community – programs that are creative, inventive, original and unprecedented.

Innovative Programs all member facilities/communities will be eligible for this award. All nominated programs must have been active at least one year prior to June 1, 2009. In judging, attention will be given to whether the program has received special recognition by the profession or the community. The level of demonstrated success and unique commitment by the facility/community will also be considered.

Rules of Entry

1. Nominations must be submitted by the Administrator or Assisted Living Manager.
2. The written entry must include a completed Nomination Form, including completed answers to all sections.
3. Entries should include any newspaper clippings or supporting documentation of the program's effectiveness. *Attachments will not be returned.*
4. The facility/community submitting the nomination must be an AHCA member at time of application and at time the award is presented.

1. Name of the program being nominated _____

2. Name and title of the person who has primary responsibility for conducting this program _____

3. Brief description of the program _____

4. Who is the audience for this program (i.e. general public, families of Alzheimer's disease, residents, community members, etc.)? _____

5. When did the program begin? _____

6. How do you publicize this program? _____

Innovative Program Award

Page 2

7. How has the program received recognition in the community? (Please attach any appropriate press clippings, letters of praise from participants, or other information/materials; please do not include more than 6 pieces of supporting documentation)_____

8. What were your goal(s) for this program? _____

9. Have you achieved your goal(s)? How can you demonstrate your success? _____

10. What are your future plans for this program? (proposed expansion, changes, etc.)

11. Why do you feel this program is unique and sets an example for other Arizona long term care facilities/communities? _____

12. Other comments_____

Please use additional paper if you need more space.

***Completed forms and supporting documents must be received at the AHCA office,
1440 E. Missouri Ave., Suite C-102, Phoenix, AZ 85014 no later than
4:00 pm, Wednesday, July 15, 2009.***

Arizona Health Care Association
2009 Annual Awards

AMATEUR PHOTOGRAPHY AWARD

***A picture is worth a thousand words...
and many are worthy of an award!***

**Deadline: Must be received in the AHCA office by
Wednesday, July 15, 2009, 4:00 pm**

Tell your story by submitting a photograph. A completed Nomination Form must be submitted for each photograph to be considered. In the past few years the quality of the individual photos has declined. Entries will be judged on the photographic quality as well as the subject matter of the photograph.

A maximum of five (5) individual photographs will be accepted. **Only single photographs will be accepted, no collage prints.**

Prizes will be awarded to the first, second and third place winners at the annual Awards Luncheon, Thursday, August 27, 2009 at the Renaissance Glendale Hotel. AHCA reserves the right to not present an award.

The photographer for this category is defined as anyone associated with the facility/community either as an employee, family member, volunteer, etc. who takes the photograph and does not receive monetary compensation for it.

**-- Please read the following rules carefully --
only entries that have met all criteria will be considered**

1. Facility/community must be a member of the Arizona Health Care Association and in good standing.
2. All entries must be 8" x 10" or smaller **original** photograph and must be individually mounted with the name of the facility and the individuals pictured listed on the back. **Low resolution photos will not be accepted.** Entries sent electronically will be accepted as a back-up copy only. An original photograph must be delivered to the AHCA office by **Wednesday, July 15, 2009** to be considered for an award. AHCA will not be responsible for printing electronic entries.
3. All submissions must be accompanied by an entry form and a dated and signed, "consent to photograph" release form for each person pictured in the photo e.g., resident, child, family member, and/or guardian of the resident and staff.
4. **All submitted materials become the sole property of AHCA and will not be returned** and may be used for future AHCA promotional purposes.
5. Each photograph must have its own completed entry form.
6. Photographs must have been taken between June 1, 2008 and May 31, 2009 and must include at least one resident, employee or volunteer from an AHCA member facility.

Arizona Health Care Association

Please Print

Photographer's Name _____

Nominated By _____

AHCA Member Facility/Community _____

Address _____

City/State/Zip _____

Telephone _____ Fax _____ Email _____

Describe what event is taking place in the picture or an interesting story associated with the photograph.

AHCA Photograph Release Form

I, do hereby authorize the Arizona Health Care Association full use of the photograph taken on the date of _____.

This photograph may be used either in conjunction with or without using my name. I realize that the control of the photographic materials are my responsibility and I absolve the Arizona Health Care Association of any liability connected to the photographing or distribution of said materials. I do further certify that I am of full age and legal capacity to execute the foregoing authority and release.

1. Name: _____
(Print Name of Person appearing in photo) (Signature) (Date)

(Print Name & Relationship of Authorized Guardian/Rep) (Authorized Guardian/Rep Signature) (Date)

2. Name: _____
(Print Name of Person appearing in photo) (Signature) (Date)

(Print Name & Relationship of Authorized Guardian/Rep) (Authorized Guardian/Rep Signature) (Date)

3. Name: _____
(Print Name of Person appearing in photo) (Signature) (Date)

(Print Name & Relationship of Authorized Guardian/Rep) (Authorized Guardian/Rep Signature) (Date)

4. Name: _____
(Print Name of Person appearing in photo) (Signature) (Date)

(Print Name & Relationship of Authorized Guardian/Rep) (Authorized Guardian/Rep Signature) (Date)