

**Nominate a Staff Nurses  
for Kansas Health Care Association's  
2008  
LONG TERM CARE  
NURSE OF THE YEAR**

*Attention Administrator and Director of Nursing:*

*The Kansas Health Care Association (KHCA) Nursing Advisory Committee (NAC) would like to honor a member nurse who, through dedication to the long term care profession, has enhanced the quality of care and life of the elderly.*

*This award is designed for you to nominate your staff nurses for their contributions to resident care. **Nominations for DON's and ADON's will not be accepted.***

*The 2008 LTC Nurse of the Year will be announced during a luncheon on Wednesday, April 23, during the 16<sup>th</sup> Annual KHCA/KCAL LTC Nurses Conference in Wichita. The LTC Nurse of the Year is NAC's way of recognizing those dedicated staff nurses in member facilities.*

*KHCA NAC hopes that through this award we can promote a positive image of long term care to the nursing profession.*

Nominations must be received at the KHCA office  
by **5:00 p.m., Friday, April 11, 2008.**

*Over, please*

## SELECTION CRITERIA

The KHCA Nursing Advisory Committee Executive Board will serve as an impartial selection committee.

Please provide the following information about your nominee for LTC Nurse of the Year. **DO NOT** refer to name of facility or city in which the nurse lives or works, or religious affiliation. You may use he/she but please do not use names.

Failure to adhere to these rules will result in disqualification.

## ELIGIBILITY CRITERIA

All entries must meet the following criteria:

1. All nominations must be submitted using the attached nomination form.
2. Nominee must have been a registered or licensed practical nurse and worked in your facility for at least one year.
3. Nominations must be sent to: Kansas Health Care Association  
117 SW 6<sup>th</sup> Ave. Suite 200,  
Topeka KS 66603  
Email: [lmowbray@khca.org](mailto:lmowbray@khca.org)  
Fax: 785-267-0833
4. Nominations must be received at the KHCA office  
by **5:00 p.m., Friday, April 11, 2008.**

*Over, please*

**KANSAS HEALTH CARE ASSOCIATION  
KHCA NURSING ADVISORY COMMITTEE**

**2008 LTC NURSE OF THE YEAR AWARD  
NOMINATION FORM**

**NOMINATING FACILITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**NOMINEE'S NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DO NOT WRITE  
IN THIS SPACE  
NURSE ID # \_\_\_\_\_**

*Over, please*

**DO NOT** refer to name, name of facility, city, or religious affiliation.

Failure to adhere to these rules will result in disqualification.

**2008 LTC NURSE OF THE YEAR  
NOMINATION FORM**

1. Position: \_\_\_\_\_
2. How many years in long term care? \_\_\_\_\_
3. How many years at this facility? \_\_\_\_\_
4. Why did this nurse choose long term care? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What one word best describes this nurse? \_\_\_\_\_
6. Briefly describe the contributions of this nurse above and beyond job requirements that enhanced the quality of life at your facility. (Use the reverse side of this sheet or attach your comment sheet to this form before mailing.)
7. Write a brief commentary on why you are nominating this nurse. (Use the reverse side of this sheet or attach your comment sheet to this form before mailing.)

**DO NOT WRITE  
IN THIS SPACE  
NURSE ID # \_\_\_\_\_**

*Over, please*

## ***Nominate Your DON or ADON for Kansas Health Care Association's DON/ADON of the Year Award***

*Attention Administrator:*

*The KHCA Nursing Advisory Committee (NAC) would like to honor a KHCA director of nursing or assistant director of nursing who, through professionalism and leadership, has enhanced the quality of care and life of the elderly and inspired staff to do the same.*

*\* The rules and application process have been simplified. You may use "He or She" when referring to your nominee. KHCA NAC hopes that through this award we can promote a positive image of long term care to the nursing profession.*

*The 2008 DON/ADON of the Year will be announced during a luncheon on **Wednesday, April 23, 2008** during **KHCA's Long Term Care Nurse Conference in Wichita**. The DON/ADON of the Year is NAC's way of recognizing these outstanding nurses in member facilities. This award is designed for you to nominate **DIRECTORS AND ASSISTANT DIRECTORS OF NURSING**, for their contributions to professionalism and leadership in the long term care profession.*

*This year's winner will receive a cash prize as well as other recognition.*

## **RULES & APPLICATION PROCESS**

### ***Kansas Health Care Association DON/ADON of the Year Award SELECTION CRITERIA***

The NAC Executive Board will serve as an impartial selection committee.

Please provide the following information about your nominee for DON/ADON of the Year. On the nomination form, please **DO NOT** identify refer to the nominee by:

1. Name
2. Facility name
3. City or Town where facility is

### ***ELIGIBILITY CRITERIA***

All entries must meet the following criteria:

1. All nominations must be **printed or typewritten** using the attached nomination form.
2. Nominee must have been a registered or licensed practical nurse and worked in your facility for at least one year.
3. Nominations must be in the KHCA office by **5:00 p.m., Friday, April 11, 2008.**

#### **Send Nominations to:**

Kansas Health Care Association  
117 SW 6<sup>th</sup> Ave Suite 200, Topeka KS 66603  
Email: [khca@khca.org](mailto:khca@khca.org)  
Fax 785-267-0833

**KANSAS HEALTH CARE ASSOCIATION  
NURSING ADVISORY COMMITTEE**

**DON/ADON OF THE YEAR AWARD  
NOMINEE IDENTIFICATION FORM**

**NOMINATING FACILITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE NUMBER: (    )** \_\_\_\_\_

**FACILITY CONTACT AND TITLE:** \_\_\_\_\_

**NOMINEE'S NAME and TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

DO NOT WRITE  
IN THIS SPACE  
NURSE ID #\_\_\_\_\_

Return this form  
To KHCA Office

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## Kansas Health Care Association DON/ADON OF THE YEAR NOMINATION FORM

**DO NOT** refer to

1. Name
2. Facility
3. City

1. How many years of service in long term care?
2. How many years of service at your facility?
3. Why did this nurse choose long term care?
4. What one word best describes this nurse?
5. In approximately 300 words or less, describe the contributions of this nurse that make this nurse a leader and an example of professionalism in nursing that others follow. (Use the back of this page or attach another page to this form before mailing.)
6. In approximately 300 words or less, write a brief statement on why you're nominating this nurse.  
(Use the back of this page or attach another page to this form before mailing.)

**Kansas Center for Assisted Living  
\* 2008 AL Nurse of the Year Award \***

The KCAL Board of Directors is pleased to accept nominations for the AL Nurse of the Year Award. This award is designed to recognize the outstanding efforts of nurses in the Assisted Living/Residential Health Care Setting who help to promote independence and quality care for Kansas elders in an Assisted Living or Residential Health Care Environment.

Nominees must be currently employed in a KHCA/KCAL member facility.

To nominate please submit the following:

- Completed nomination form.
- Submit a letter of recommendation from a facility resident, family member or the resident council.
- A letter of recommendation from the Manager or Operator.

Nominations must be returned to the KHCA/KCAL office by April 11, 2008. The winner and honorable mentions will be recognized at the KHCA/KCAL LTC Nurses Conference Awards Luncheon on Wednesday, April 23, 2008.

**\* Deadline for Nominations is April 11, 2008  
117 SW 6<sup>th</sup>, Suite 200 Street Topeka, KS 66603**



Nurse No. \_\_\_\_\_  
(Do Not Write in this space)

## AL Nurse of the Year Award

How long has the nominee been employed in AL, RH or Home Plus? \_\_\_\_\_

How long has the nominee been employed by your facility? \_\_\_\_\_

Please list any training the nominee has completed related to aging and/or AL/RHC care.

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Is the nominee an active and eager participant during resident programs at your facility?

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Does the nominee have a good work attendance record? Is the nominee punctual and does she/he strive to fulfill her/his job requirements as established by the facility?

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Please list specific ways in which the nominee has assisted in providing care that are above and beyond job requirements.

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Please list specific assets or qualities this nurse possesses which makes her/him a success in her/his work.

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**\* Deadline is April 11, 2008 \***  
**\*117 SW 6<sup>th</sup>, Suite 200 Street Topeka, KS 66603\***

Nurse No.  
(Do Not Write in this space)



## AL Nurse of the Year Award

Name of the AL/RHC Nurse being nominated: \_\_\_\_\_

Name of the Operator \_\_\_\_\_

Name of Nominating Facility \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

Facility Contact \_\_\_\_\_

**\*All nominations are due in the KCAL Office by April 11, 2008\***  
**\*117 SW 6<sup>th</sup>, Suite 200 Street Topeka, KS 66603\***