



2011 THCA AWARDS

Category: *OUTSTANDING ADMINISTRATOR*

Awarded annually to an administrator that has demonstrated outstanding efforts for their facility, residents and staff. Award will be presented during the THCA Annual Convention and Trade Show in Dallas, November 7-10, 2011.

To Be Eligible For Consideration, An Administrator Must Be:

- licensed in Texas for a minimum of two years;
- employed by current employer/facility for a minimum of twelve months;
- employed by a THCA member facility at the time of nomination and time of presentation of award;
- facility has not been cited for substandard Quality of Care or Immediate Jeopardy level on any type of survey in the past year or in 2011 prior to submission of this nomination;
- must be active participant with THCA activities (ex: attend region meetings, coordinate letter writing campaign for facility staff and/or family members, legislative visits at local offices and/or in Austin, PAC fundraising, etc.)

Criteria For Selection Are:

- community oriented, participating in civic activities (Rotary, Chamber, Lions Club, Meals on Wheels, etc.);
- resident and family oriented with an active family council;
- employee oriented with motivational programs/activities; and
- active participation in THCA activities/efforts (region meetings, legislative contacts, committees/councils, etc.)

How To Submit A Nomination:

Nomination materials must be received by THCA no later than **September 16, 2011**. Submit completed nomination form with nomination letter and nomination support materials. NOTE: Please be sure nomination letter provides information/description on how nominee meets criteria for this award. **NOTE: INCLUDE ONE COPY OF ENTIRE NOMINATION PACKET ALONG WITH THE ORIGINAL.**

- Nomination Form;
- Letter of Nomination (from nominee's manager, facility employee, facility owner or peers of the nominee);
- Letters of support – Limit three (from employees, colleagues, managers, other facilities, business members, residents, family members, survey staff, Ombudsman, community members, or others who are familiar with the nominee's contributions to long term care);
- Statement on facility letterhead stating that facility has not been cited for substandard Quality of Care or Immediate Jeopardy level on any type of survey in the past year or in 2011 prior to submission of this nomination; and
- Letter outlining THCA activities/active participation in THCA activities/efforts.

Texas Health Care Association 2011 Outstanding Administrator Award	
Nominee's Name:	
Facility Name:	
Address:	
City:	E-Mail:
Phone:	Fax:
Licensed at least two years?	Same employer for at least one year?
Please list THCA activities/efforts (example: region meetings, legislative efforts, committees/councils, etc.):	
Your Name:	
Address:	
City:	Telephone:
Email:	Fax:
Your relationship to nominee: (nominees manager, facility employee, owner or peer)	

Along with this Nomination form, the following items must be attached:

- Letter of Nomination (*see back for content*);
- Three (3) Letters of Support. Letters of support are limited to three from the following:
 - Employees
 - Other facilities
 - Ombudsman
 - Colleagues
 - Business member
 - Community members
 - Manager
 - Family members
 - Residents
 - Survey staff
 - Others familiar with the nominee's contributions to long term care
- Statement on facility letterhead stating that facility has not been cited for substandard Quality of Care or Immediate Jeopardy level on any type of survey in the past year or in 2011 prior to submission of this nomination; and
- Letter outlining THCA activities/active participation in THCA activities/efforts.

NOTE: INCLUDE ONE COPY OF ENTIRE NOMINATION PACKET ALONG WITH THE ORIGINAL.

Selection will be based on the information provided in the letter of nomination and nomination support materials. Letters should give *specific examples* of the *actions, activities* and *behaviors* of the nominee that illustrate the individual's qualities, as well as information specific to the criteria required for this award.

SUBMIT NOMINATION TO:

(Mailing Address)
**Texas Health Care Association
 P. O. Box 4554
 Austin, TX 78765**

(Street Address)
**Texas Health Care Association
 4214 Medical Parkway, Ste. 300
 Austin, TX 78756**

ON OR BEFORE SEPTEMBER 16, 2011

Letter of Nomination
2011 Outstanding Administrator

The Letter of Nomination should be from one of the following:

Nominee's Manager
Facility Employee

Facility Owner
Peer of Nominee

The Letter of nomination should not be longer than two double-spaced typed pages and should provide a summary of explanation on how the candidate meets the criteria & eligibility requirements for this award.

If you have any questions, please contact: Gina Muniz at THCA, 512.458.1257.