



**2011
Nurse Aide of the Year Award
Sponsored by
THCA Region Chair Council**

The Board of the Texas Health Care Association is again happy to offer the "Nurse Aide of the Year Award" recognizing outstanding Nurse Aides working in long term care facilities. A Nurse Aide of the Year will be selected from each THCA region.

The ten regional winners will attend and be honored at the THCA Annual Convention Banquet the evening of November 9, 2011 at the employing facility's expense.

Criteria

Since the goal is to honor outstanding Nurse Aides, emphasis will be placed on recognizing individuals who:

- are compassionate, caring, and innovative in dealing with residents, families, and staff, and in the delivery of nursing care in the long term care setting; and
- have shown a dedication to continued commitment and development.

Nominee Requirements

- The nominee must be a Nurse Aide (with primary job duties as a C.N.A.) with a minimum of two years experience in a long term care facility (not limited to a geriatric facility) and one year in the nominating facility in the position as a Nurse Aide.
- The nominee must be currently employed in a THCA member facility
 - at time of application;
 - at the time the award is presented;
 - is not eligible if they have won this award in the last three (3) years

Nomination Checklist

The following materials *must* be submitted with the nomination:

- letter of nomination from the employing Administrator (see back for content);
- letter from the facility Director of Nurses;
- letter from charge nurse;
- letter of support from co-worker(s);
- letter of support from resident(s);
- letter of support from family(ies);

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

Letter from the Administrator

The letter of nomination from the administrator of the employing facility should not be longer than two double-spaced typed pages and should contain the following:

- A statement of how long the nominee has served as a Nurse Aide in a long term care facility (a minimum of one year in the nominating facility).
- The reasons the administrator feels this Nurse Aide has excelled and should be recognized as an exemplary Nurse Aide. Areas to be commented upon include:
 - (1) Nursing skills and knowledge, and how these have affected residents under her/his care. (Examples are helpful)
 - (2) The nominee's interaction with supervisors and peers.
 - (3) The nominee's interaction with residents, family members, and visitors.
 - (4) The nominee's impact on resident health, safety and quality of life.
 - (5) How the nominee has participated/enhanced the facility's Quality Improvement/Assurance process, if appropriate.

Applications *not* meeting all of the criteria will be disqualified.

- Submit attached nominee questionnaire and the letters of nomination.
- Winner must be employed as a Nurse Aide by a THCA member facility at the time of nomination and at the time the award is presented.

If you have questions about the award or its requirements, please contact your respective Region Chair or Gina Muniz at the THCA offices 512.458.1257.

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

(Unless Otherwise Directed by your Region Chair)

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Nominee Questionnaire

This questionnaire, along with the letter of nomination from the administrator and the other letters of support, should be mailed to THCA by September 16, 2011 *(unless otherwise directed by your Region Chair)*

Nurse Aide Name _____

Facility Name _____

Facility Address _____

City _____ State _____ Zip _____

Telephone # (____) _____ Date of Employment _____

Facility Ownership _____

Primary Shift worked/working _____

Special Accomplishments or achievements:

Nomination Checklist

The following materials must be received by THCA by September 16, 2011 *(unless otherwise directed by your Region Chair)*

- letter of nomination from the employing Administrator (see back for content);
- letter from the facility Director of Nurses;
- letter from charge nurse;
- letter of support from co-worker(s);
- letter of support from resident(s);
- letter of support from family(ies);

ATTACH REQUIRED LETTERS TO THIS FORM AND SEND 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

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