

NOTE: This is a Writable PDF

202 DON of the
Year Award
Sponsored by THCA

NOMINEE QUESTIONNAIRE – MUST ACCOMPANY PACKET

This questionnaire, accompanied by the letter of nomination from the administrator and other supporting documents should be received by THCA no later than **August 1 , 2021**.

Name of Nominee _____

Facility Name _____

Facility Address _____

City _____ State _____ Zip _____

Telephone # (____) _____

Facility Owner/Operator _____

Facility Bed Capacity _____ Check appropriate: SNF NF

Past 12 Months Survey History with G-Tag or higher: YES_ NO_

Total Number of Years of Experience as a D.O.N. (combine all experience): _____

Current Facility Start Date of Employment: _____ Date began as D.O.N.: _____

Number of persons under direct supervision of DON _____

Educational background (beyond high school):

Nurse employment history with dates (up to 10 years):

Membership in professional organizations:

Special accomplishments or achievements in nursing:

IMPORTANT

Name of Person Submitting Nomination: _____

Contact Phone: _____ E-Mail: _____

**SUBMIT COMPLETE NOMINATION ELECTRONICALLY ON OR
BEFORE AUGUST 1 , 2021 TO: THCAawards@txhca.org**