



## Care Partner Award Rules of Entry

The Care Partner Award recognizes Medical Directors, Dietitians, Pharmacists, Therapists, Nurse Practitioners, and Physicians' Assistants who work in our member facilities. This award will honor them for their work in providing quality care, with demonstrated evidence of their effort. Multiple winners will be recognized based on scores and number of entries.

1. Nominations must be submitted by the Administrator or the Director of Nursing.
2. Each entry should include:
  - A completed, typed nomination form
  - Completed answers to each question, observing the word count limit
  - **One** letter of support from the administrator or director of nursing on plain paper – NO letterhead
  - Letters should contain **only the title** of the nominee and there should be no reference to the facility, name of administrator, city, etc. (Limit 250 words per letter)
3. **Nominees must have a minimum five years experience in the role they are being nominated for and minimum of two years at their current facility as of June 1, 2018, and still be actively serving in that role at the time of the banquet.**
4. Submit only the original, and the facility should keep a copy. Any entry which does not follow this format will NOT be accepted.

**Statewide award winners recognized in this category are not eligible to re-enter the competition for three years following their win.**

**ENTRIES MUST BE POSTMARKED BY FRIDAY, JUNE 15, 2018**

All KAHCF Awards Forms are available on the KAHCF website — [www.kahcf.org](http://www.kahcf.org).

Under What's New, click on Awards Forms. Each Category is in MS Word format and available to complete via computer



## Care Partner Award Nomination Form

Name of Nominee \_\_\_\_\_

Position / Title \_\_\_\_\_

Facility \_\_\_\_\_

Facility Address \_\_\_\_\_

City \_\_\_\_\_ State   KY   Zip \_\_\_\_\_

Contact Person Submitting Nomination \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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**If you do not use the online forms**, retype each question and provide responses to the following. Entries that do not follow this format will not be accepted. **DO NOT** reveal the identity of your nominee, facility name, city, county, or any reference that would identify the nominee in the narrative.

1. How long has the nominee served the facility in this capacity?
2. Give up to 3 specific examples of how the nominee has embraced quality care efforts at the facility and improve quality of care/life for residents. (500 words)
3. Give specific examples of how the nominee interacts with staff/residents and their families (500 Words)
4. Describe the nominee in one word.

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