Heroes are all around us!

Do you know a hero of healthcare? They are the people who make a difference in not just one life, but every life they touch. They come to work each and every day to achieve the goal of improving the lives of our residents. These heroes deserve our recognition.

HCAM is looking for nominees for our Hero of Healthcare Award. Everyday heroes work in all facets of nursing and rehabilitation care. Is your hero the dietician, maintenance or housekeeping employee, therapist, office staffer, member of the nursing staff, a social worker, consultant or other employee?

The simplest of actions deserve the biggest rewards. Look around you for inspiration and nominate your hero today!

**NOMINATION GUIDELINES**

- Completed nomination forms must be mailed to HCAM, 7413 Westshire, Lansing, MI 48917 and postmarked by May 26.
- Nominees must be employed by a HCAM member facility in good standing.
- Heroes can be nominated by anyone but the nomination form must be completed by either the facility administrator or the director of nursing.
- Volunteers and certified nurse aides are not eligible for the Hero of Healthcare Award because they are eligible for other specific HCAM awards.
- Successful nominations will include a complete nomination form, a letter from either the facility administrator or the director of nursing explaining why the nominee is a Hero of Healthcare and a digital photo of the nominee.
- Materials will not be returned unless requested and may be used for public relations and promotional purposes, including social media distribution.

**NOMINATE YOUR HERO TODAY!!**

Application Deadline: May 26, 2017
GERRY BAKER HERO OF HEALTHCARE AWARD

NOMINATION FORM

Name of Nominee: _____________________________________________

Job Title of Nominee: ___________________________________________

Nominating Facility: ___________________________________________

Facility Address: _______________________________________________

Facility City, State & Zip:________________________________________

Contact Person: _______________________________________________

Nominator’s Signature: _________________________________________

Telephone: (_____) _______________  Fax: (_____) _________________

E-mail: ____________________________________________________

Nominees Length of Service: ______________________________________

Please attach a letter, no more than two pages, explaining why the nominee is your Hero of Healthcare.

By remitting this application, nominators are releasing the photo and quotes from their nominating letter to be used in any HCAM promotional materials.

Completed nomination form and supporting letter must be mailed to HCAM before the May 26 deadline at 7413 Westshire Dr. Lansing, MI 48917

Digital photos and any questions should be directed to elizabeththomas@hcam.org.