About the Award:

The CNA of the Year Award recognizes the dedicated certified nurse aides who provide high-quality care to residents in HCAM member facilities.

Nomination Guidelines:

The state of Michigan adopted the generic expression of “certified nurse aide” or “CNA” as the official nomenclature for all nurse aides who have successfully completed training and/or competency testing and are on the Michigan Nurse Aide Registry. All nurse aides who are on the Michigan Nurse Aide Registry have received a “registry document” from the educational testing service. This “registry document” represents successful completion of the state-approved competency evaluation program. According to the federal regulations and the occupational regulation sections of the Michigan Public Health Code, nurse aides are defined as unlicensed individuals.

- Completed nomination forms must be mailed to HCAM, 7413 Westshire Drive, Lansing, MI 48917 and postmarked by March 20.

- The candidate must be employed at a HCAM member community in good standing for a minimum of two years.

- The candidate must be a fulltime employee at a HCAM member community.

- The administrator AND director of nursing must submit letters of reference with the completed nomination form. A single letter may be signed by both managers.

- Letters of reference should provide specific examples of the nominee’s work ethic, leadership skills, professionalism, commitment to quality and dedication to the long-term care profession.

- Materials will not be returned unless requested.

- By remitting this application, nominators and directors are releasing quotes from their nominating letter and all subsequent photos to be used in any HCAM promotional materials, including social media.

- The winner will be recognized at the HCAM/MCAL Annual Convention.

Nominate Your CNA Today!!
CNA of the Year Nomination Form

Name of Nominee: __________________________________________________________

Nominees Length of Service: ______________________________________________

Nominating Facility: ________________________________________________________

Facility Address: __________________________________________________________

Contact Person: ____________________________________________________________

Telephone: (_____) __________________________ E-mail: ________________________

Your signature constitutes an agreement that all or portions of the application, including subsequent photos, may be used for public relations and promotional purposes, including social media distribution.

Administrator’s Signature: _________________________________________________

On a separate page, please explain why you believe your nominee should be recognized with this award.

When choosing your nominee please take the following into consideration. Does the nominee provide quality care to the residents? Do they demonstrate leadership skills? Do they exemplify good public relations through interactions with residents, family, visitors and the community? Does the nominee show flexibility with his or her work schedule and have a good attendance record? Do they practice good safety skills? Do they complete documentation in a timely manner? Does the nominee show a professional image? Do they act as a mentor with new employees?

Completed nomination form and supporting letters must be mailed before the March 20 deadline to
HCAM, 7413 Westshire Dr., Lansing, MI 48917
Any questions should be directed to elizabeththomas@hcam.org.