**Administrator of the Year Award**
recognizing those who lead with dedication and support success in others

Health Care Association of Michigan  
2020 Award and Recognition Program

**Application Deadline: March 20, 2020**

**About the Award:**

This award is designed to recognize an administrator who demonstrates outstanding innovation and achievement in the provision of high-quality, person-centered care in an HCAM member facility.

**Nomination Guidelines:**

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

- Nominee must be nominated by **no less than two individuals** from the company. More than two nominations preferred. Inclusion of resident statements is encouraged.

- The candidate must be employed as a fulltime administrator at a HCAM member facility in good standing for a **minimum of three years**.

- The candidate must be someone who has demonstrated outstanding leadership and mentoring ability.

- On a separate page, please explain why you believe your nominee should be recognized with this award. Please see page two for guidelines.

- Materials will not be returned unless requested.

- By remitting this application, nominators 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 Administrator Today!!**
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.

Nominator’s Signature: ____________________ Title/Position: ____________________

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

When describing your nominee, please include the following information in your letter. Provide examples of how the nominee has demonstrated personal leadership and dedication to residents and staff. List any special accomplishments of the nominee that contributed to the operations of the facility. Provide specific examples and results of programs the nominee has implemented to enhance resident care and quality of life. Offer examples of how the nominee fosters cooperative/collaborative relationships with others and demonstrates a commitment to earn and extend respect to residents and colleagues. Describe how the nominee has served as a mentor to employees. How does the nominee encourage staff to provide quality care to the residents? Explain how they show positive public relations with families and in the surrounding community.

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.