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!

- Completed nomination forms must be mailed to HCAM, 7413 Westshire Dr., Lansing, MI 48917 and postmarked by March 22.
- Nominees must be employed by a HCAM member facility in good standing for a minimum of two years.
- Heroes may be nominated by anyone but the nomination form must be signed by the administrator.
- Volunteers, administrators and CNAs are not eligible for the Hero of Health Care Award because they are eligible for other specific HCAM awards.
- Nominations should include a complete nomination form, a letter explaining why the nominee is a Hero of Health Care and a digital photo of the nominee.
- Materials will not be returned unless requested.
- By remitting this application, nominators and administrators 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 Hero Today!!
Gerry Baker Hero of Healthcare Award Nomination Form

Name of Nominee: ____________________________________________________________

Job Title 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: 

________________________________________

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

Completed nomination form and supporting letters must be mailed before the March 22 deadline to

HCAM, 7413 Westshire Dr., Lansing, MI 48917

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