

# NJADONA CONVENTION 2018

## 2018 NJADONA/LTC Employee of the Year Form

Dear Colleague,

Once again it is time to reflect upon the excellence you promote in the care of our elderly population and those employees who deserve to be recognized for exceeding our expectations in the care they provide. This is the perfect way to make them feel their hard work has not gone unnoticed and appreciated. The New Jersey Association of Directors of Nursing Administration/LTC, Inc. is requesting nominees for its annual Employee of the Year in the following categories:

- DON
- ADON
- RN
- RN Supervisor/Charge Nurse/Head Nurse
- Specialized RN positions (MDS Coordinator, Infection Control Coordinator, Staff Development Coordinator, Clinical Care Coordinator)
- LPN
- CNA/CHAA/GNA (Geriatric Nurses Aide)

Please take a few minutes to recognize the excellence and dedication of your employees. **All sections of the application must be completed to avoid disqualification.** Applications must be postmarked by **February 1, 2018** and sent to NJADONA at the address below. There is no limit as to how many employees you may nominate. Please make copies of the application to meet your needs. The winners in each category will be invited, along with a guest, to attend our annual awards dinner. This year's awards dinner will be held at Bally's Atlantic City, NJ, on Monday, April 16, 2018 at 7:30 pm. Additional tickets may be purchased for \$70.00 each.

Thank you for taking the time to nominate your shining stars, we know from past experience they will be very appreciative!

See you at convention.

Sincerely,

Pat Alfano

Awards Committee Chairperson

NJADONA/LTC, Inc.

195 Carriage Hill Circle

Mantua, NJ 08051-1161

856-304-1760/856-468-9865 Fax

njadona@comcast.net

www.njadona.org

**NJADONA 2018 Employee of the Year Information**

### Eligibility:

- Have made a significant contribution in LTC.
- Have demonstrated outstanding performance or relevant and/or technical skills practiced in their area of expertise.
- Have demonstrated leadership abilities.
- Cannot be a consultant.
- One person at the facility holds a current membership in NADONA/NJADONA.

### Criteria:

- Must be an employee of the nominating facility for at least two years.
- Adherence to facility policy and procedures.
- Adherence to standards of practice appropriate to their area.
- Advocate of quality care and residents rights.
- Evidence of ongoing education (formal or informal) in their practice area.
- Outstanding attendance and performance records.
- Dedication to the facility and field of Geriatrics.

### Process:

- Must be nominated by a member of NJADONA.
- Candidate will be selected by an Awards Committee comprised of Patron Members and NJADONA Board of Directors.
- Selections are made on a preset point system.
- Candidates will not be identified by name to the Awards Committee.
- Awards will be presented April 16, 2018 at the NJADONA convention.

Applications and all requirements must be postmarked by **February 1, 2018** and mailed to:

NJADONA/LTC, Inc.  
C/O Awards Committee  
195 Carriage Hill Circle  
Mantua, NJ 08051-1161  
856-304-1760

- **Deadline is February 1, 2018**
- **Application must be completed in full and all requirements must be included.**
- **Incomplete applications will not be considered for judging.**

**NJADONA 2018 Employee of the Year Application**

Name of Nominee and Credentials: \_\_\_\_\_

Category: DON    ADON    RN    RN Supervisor    RN Specialty    LPN    CNA

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

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

Facility City/State/Zip: \_\_\_\_\_

Contact Person/NJADONA Member at Facility: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Attach letters of recommendation, *at least two are required*, please include the contributions that this nominee has made to the facility and/or the profession of long term care and why this nominee is so special. *(One letter must be from a resident or the residents' family member/friend/care giver and one letter must be from a supervisor.)*
  
2. Please list the nominee's performance score for their annual evaluation for:  
2016 \_\_\_\_\_  
2017 \_\_\_\_\_  
(If you do not give a number score, please list the words used to describe their evaluation, i.e.: exceptional, above average, outstanding)
  
3. List the total number of in-service hours acquired by this nominee for the years listed.  
2016 \_\_\_\_\_ hours  
2017 \_\_\_\_\_ hours
  
4. List committees and or organizations of which this nominee has been a member. (Include in house and outside affiliations)(Attach additional paper if needed)  
a. \_\_\_\_\_  
b. \_\_\_\_\_
  
5. List any certificates, awards or academic degrees held by this candidate. (Attach additional paper if needed)  
a. \_\_\_\_\_  
b. \_\_\_\_\_