



MEMORANDUM

TO: MHCA Member Facilities
FROM: Vanessa Phipps Henderson *VPH*
DATE: June 14, 2018
SUBJECT: 2018 Awards Recognition

Each year, MHCA looks forward to recognizing those who truly make a difference in the lives of our residents. Nominations are currently being accepted for the 2018 MHCA Caregiver Awards. Award categories include: Nursing Home Administrator, Director of Nursing, Nurse, Certified Nursing Assistant, Social Worker/Designee, and Activity Professional. Three winners will be chosen from each discipline.

Award winners and their nominators will be recognized at an awards luncheon hosted by MHCA. This year's luncheon will be held on Thursday, August 30, 2018.

Please take the time to submit nominations for this important recognition. Nominations may come from facility staff, residents or family members. The deadline for submitting nominations is Friday, July 13, 2018.

Please share this with your staff, Residents Council and Family Council. The person being nominated must be employed by a facility that is a member of the Mississippi Health Care Association.

If you have questions or need additional information please contact Dina Russell at (601) 898-8320 or dina@mshca.com.

Thank you.

Enclosure

Mississippi Health Care Association

Caregiver Award Nomination Form

Please follow the enclosed discipline criteria for nominations.

Please type or write legibly the information for this application
AND submit both pages.

Name of caregiver nominated for recognition: _____

Name of facility where caregiver is employed: _____

Caregiver's current position/profession: _____

Caregiver's estimated years of service: _____

Your name (name of person submitting the nomination): _____

Your address: _____
(Street or post office box)

(City) (State) (Zip)

Your telephone number: _____

RELEASE: I hereby grant permission to the Mississippi Health Care Association to publish and distribute the following nomination form. I understand this nomination may be returned to the person I nominate.

Your signature

Date

1. How do you know the person you are nominating?

2. Please explain how the person you are nominating meets the award criteria.

3. List specific examples of how this person goes above and beyond the regular call of duty to enhance the quality of life for residents, family, and/or staff.

4. How does this person set an example for other employees to follow?

Feel free to attach additional pages of supporting documentation

Send completed nomination by Friday, July 13, 2018

to:

Mississippi Health Care Association

303 Brame Road

Ridgeland, MS 39157

Fax: (601) 898-8341

Scan & email to dina@mshca.com