National Council of Certified Dementia Practitioners

55 Main Street, Suite 102

Sparta, NJ 07871

1.973.729.6601 1.973.860.2244 FAX LINE

[www.nccdp.org](http://www.nccdp.org) nccdpcorporate@nccdp.org

***CNA of the Year Information and Nomination Form***

In honor of National Nursing Assistant Week which is recognized nationwide, each year during the month of June, the NCCDP is seeking nominations for CNA of the Year. This nomination process is open to CNA’s, HHA’s, GNA’s and PCA’s.

* Cash award of $500.00.
* Deadline to complete is: October 20
* Email submissions only to nccdpcorporate@nccdp.org.
* Nominations will not be returned. Please make a copy for your records.
* YOU MUST PUT IN THE SUBJECT LINE: NOMINATION FOR CNA OF THE YEAR AND THE THEIR NAME.
* You must use the enclosed nomination form and submit with the form supporting documents which includes reference letters.
* All nominations will be reviewed by the NCCDP awards committee.
* The NCCDP winner will be announced in person. The organization is expected to bring the front line staff and the top management to the presentation. The organization is expected to take pictures and issue a press release.
* The candidate must have a minimum of 5 years’ experience in a health care related setting such as a nursing home, assisted living community, adult day care, home care setting, hospice setting, hospital, rehab center, personal care home, 55 plus community, etc.
* The candidate must be a CDP and a certified as either a CNA, PCA, HHA and or GNA in good standing.
* Must have completed a state approved training course for either CNA, PCA, HHA, or GNA either at the place of employment, technical school or learning institution.
* The candidate must be a full time employee.
* There must be 5 letters of reference from either or coworkers or Department Managers. Three of the letters of reference must include a letter from each; the Administrator, the Director of Nursing and the Activity Director. One letter must come from a patient, if unable to do so, the family may write one on the family member’s behalf.
* The letters of reference must provide specific details and examples of the nominee dedication to the long term care field, leadership qualities, work ethic, professionalism, commitment to quality for her patients and customers she serves, continued education, and how she is a team leader and works as a team not only with her department but other departments. Give examples how the nominee exceeds what is expected of her on a day to day basis.

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***CNA of the Year Nomination Form***

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Nominator must be a CDP in good standing.*** What is your CDP Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

W Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the closest airport? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the closest hotel to your company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Must Sign Consent: If your nomination is selected I hereby give permission to release pictures and all information associated with the nomination form to the press, social media and the NCCDP web site.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Administrators Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee Information:

Name: Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_

Nominating Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corporate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Length of employment at your place of business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The candidate must be a CDP and a certified as either a CNA, PCA, HHA and or GNA in good standing.

Provide CDP Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_

Provide either CNA, PCA, HHA or GNA certification number: \_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_

Must have completed a state approved training course for either CNA, PCA, HHA, or GNA.

Attach a copy of the certificate of completion for the training class completed to be awarded the designation of CNA, PCA, HHA or GNA. This is either a state approved course, a facility training class or a private institution training class.

ATTACH REFERENCE LETTERS AS INDICATED IN THE ABOVE INSTRUCTIONS. ALL REFERENCE LETTERS MUST BE ON COMPANY LETTER HEAD, DATED, SIGNED WITH THE SIGNERS TITLE.

Attach a head shot.

Please email no later than October 20 to nccdpcorporate@nccdp.org