IHCA AWARD NOMINATION FORM

Please return this form, the completed requirements from the category nominated, a photo of the nominee and any additional materials to IHCA by March 14, 2012 to keller@ihca.org or IHCA Attn: Katie Eller- Award Nomination One N. Capitol, Ste. 100 Indianapolis, IN 46204

Nominee's Name: _____

Category Nominated: _____

How long has the nominee worked/volunteered in the long-term care profession: _____

How long has the nominee worked/volunteered at this facility: _____

How long has the nominee worked/volunteered in this position: _____

IHCA Member Facility: _____

Facility Address: _____

Facility City/State/Zip: _____

Facility Phone: _____ Facility Fax: _____

Nominator's Name: _____ Nominator's Title: _____

If nominator's contact information is different from above, please provide the following:

IHCA Member Facility: _____

Facility Address: _____

Facility City/State/Zip: _____

Facility Phone: _____ Facility Fax: _____

Please provide specific examples as indicated under the Nomination Requirement for the Category of your submission (either typed or handwritten)

Category Nominated: _____

Specific examples: _____

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Return to IHCA by March 14, 2012. Late applications will not be accepted.