

**NJ CHAPTER
ACHCA NEW ADMINISTRATOR AWARD
2009
APPLICATION**

Candidate's Name _____

Candidate's Address _____

Candidate's Telephone Number _____

Employer Name _____

Employer Address _____

Nominator, please complete your information below:

Name of Nominator: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Instructions:

Please complete this application in full. Selections will be based on criteria listed, so please address your comments and submit materials that specifically address the listed criteria. All materials (copies) must be submitted to the ACHCA (NJ Chapter) by February 12, 2009

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Have you notified the candidate of his/her nomination for this award? YES NO
(Nomination notification is optional)

- Attach two letters of recommendation that summarize the candidate’s work practice, work performance, dedication to work site, attitudes regarding care of the older adult, ability to work with others, and contributions to quality care of the older adult. Please include why this candidate deserves this award.
- Please state how long this administrator has been in practice. (Must be five years or more to qualify for Distinguished Administrator Award. Less than five years for New Administrator Award.)
- Please list committees, task force, and/or organizations of which the candidate has been a member. Also list specific suggestions the candidate has made that enhanced care (include work settings and outside affiliations.) If need, attach additional items to form.

- Please list any certifications, award, or academic degrees held by the candidate. If needed, you may attach additional items to this form.

- You may attach copies of any supporting letters/documentation the candidate has received from the owners, residents or family members.

Return application form and attachment to: James B. Berg, CNHA
41 Maple Drive
Colts Neck, NJ 07722