NDLTCA
CAREGIVER AWARD
NOMINATION FORM

Do you want to thank a healthcare worker who changed your life, or the life of someone you love? Nominate that person for The North Dakota Long Term Care Association (NDLTCA) Caregiver of the Year! Applications to nominate someone can be picked up at the facility's administration office, from a provider or on our website: https://ndltca.org/caregiver/

The Award recognizes employees who go above and beyond to substantially enhance the quality of life for residents, tenants or clients.

These employees can be:

- A Nurse doing extraordinary things to help you or a loved one.
- The Nursing Home Aide who patiently fed your loved one during the confusion of his dementia.
- The Social Worker who eased your grandma's distress.
- The Activity Aid who took extra time with you or your loved one.
- The Physical Therapist who helped you heal after surgery.

All employees working in North Dakota long term care facilities or agencies are eligible for the Caregiver Award. Nominate someone who rendered care to you or a loved one by **February 5, 2027.**

Criteria:

1. The caregiver must be nominated by a resident, tenant, client or family member.
2. The caregiver must be employed in a North Dakota long term care facility or agency.
3. All entries must be postmarked by **February 5, 2027** and be mailed to:

   North Dakota Long Term Care Association
   1900 North 11th Street
   Bismarck, ND 58501
4. The judging of this award is based on how the caregiver substantially enhances the quality of life of residents, tenants or clients.

North Dakota Long Term Care ASSOCIATION

Serving the Full Continuum of Care

1900 N 11th St
Bismarck, ND 58501
701.222.0660
www.ndltca.org

NDLTCA "CAREGIVER AWARD" NOMINATION FORM

If you have more than one caregiver that you would like to nominate, please make additional copies of this form. ***Please do not list multiple caregivers on one form.***

Full name of caregiver nominated for recognition: _____

Full name of facility/agency where the caregiver is employed: _____

Caregiver's position/profession:
☐ Activities ☐ CNA/NA/Med Aide ☐ Chaplain ☐ Dietary ☐ Environmental ☐ Housekeeping ☐ Nurse
☐ Office/Financial ☐ Social Services ☐ Therapy ☐ Unsure Other _____

Your full name (name of the individual submitting the nomination): _____

Are you (check one): ☐ a resident ☐ a family member of a resident

RELEASE: I hereby grant permission to the North Dakota Long Term Care Association to publish and distribute the following nomination form. I understand this nomination will be returned with a Certificate of Outstanding Achievement to the individual I nominate.

_____ _____
Signature Date

What makes this person special to you? Please list specific examples of what they do to enhance the quality of life for you or your loved one.

_____

_____

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Feel free to attach additional pages of supporting documentation.
Send completed forms to: **NDLTCA, 1900 N 11th St, Bismarck, ND 58501**
Nominations must be postmarked by the February 5, 2027.

North Dakota Long Term Care ASSOCIATION
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