



Please Note: This document is e-Fillable at <http://fadona.org/convention-awards.html>.

# FADONA's 2023 Awards of Excellence

Please use this form to nominate a worthy  Licensed Practical Nurse or  Certified Nursing Assistant from your facility for the **2023 Awards of Excellence**. Nominator must be a FADONA member in good standing or nominee must have a FADONA member endorsement with letter of recommendation.

Mail nomination — **postmarked on or before Feb. 20, 2023** — to **FADONA President, 400 Executive Center Drive, Suite 208, West Palm Beach, FL 33401** – or – **email completed form to [info@fadona.org](mailto:info@fadona.org)**. Winners will be announced **Wednesday, March 22, 2023**, during the Annual Awards Celebration at **FADONA's 36<sup>th</sup> Annual Convention & Trade Show**.

Nominee: \_\_\_\_\_ Length of Career in LTC: \_\_\_\_\_ Nominee's Email: \_\_\_\_\_

Employment Date: \_\_\_\_\_ Years of Service: \_\_\_\_\_ Current Position: \_\_\_\_\_

Nominated/Endorsed by: \_\_\_\_\_ Title: \_\_\_\_\_

Nominator's Phone: \_\_\_\_\_ Nominator's Email: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Administrator's Name: \_\_\_\_\_ DON's Name: \_\_\_\_\_

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

Street City State ZIP

Facility Phone: \_\_\_\_\_ Facility Fax: \_\_\_\_\_

**Special position(s) held at the facility** (i.e., Team Leader, Trainer, Restorative Aide, \_\_\_\_\_, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Outstanding accomplishments related to job performance:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Previous honors:** \_\_\_\_\_ **Years:** \_\_\_\_\_

1. How has the nominee met or exceeded your expectations regarding the quality of care / quality of life of the residents under his or her care? Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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2. In what areas has the nominee excelled in dependability, consistency, follow-through, reliability, and trustworthiness? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How has the nominee demonstrated initiative in problem-solving? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Attitude: In what ways do the nominee demonstrate positivity toward work and the work environment? How does his or her attitude influence other employees and the residents? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How does the nominee impact the center's retention goals through mentoring / orienting new employees? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List any additional criteria you have used in making your selection:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nominators are asked to submit a letter of recommendation. Nominees are asked to submit an original essay (500-word max) to [info@fadona.org](mailto:info@fadona.org) on one of the following topics:**

1. WHAT I LIKE MOST ABOUT WORKING WITH OUR RESIDENTS
2. WHAT I HAVE TO OFFER THE HEALTH CARE PROFESSION
3. WHAT BEING A CNA or LICENCED PRACTICAL NURSE MEANS TO ME
4. WHY MY JOB IS IMPORTANT TO OTHERS