



## 2019 AWARDS NOMINATION FORM

It is the desire of the OAHC Board of Directors to reward individuals who demonstrate outstanding service in home care by recognition at the annual OAHC conference. Annual awards will be presented at the **2019 OAHC Conference, April 18-19, 2019 at the Eagle Crest Resort in Redmond, Oregon.**

### **GUIDELINES FOR NOMINATIONS:**

- Those selected will exemplify the OAHC mission statement, "...to support and assist our members in the delivery of high value home care in our communities through advocacy, education and services."
- You may submit one nomination for each award per agency (up to a total of 11). Complete a separate form for EACH nomination. **Submission options:** mail, fax or completion of the form on the OAHC website (<http://www.oahc.org>)

### **PLEASE CHECK THE APPROPRIATE CATEGORY FOR YOUR NOMINEE:**

***Hope Runnels Award***

This award shall be open to the OAHC membership for the nomination of an individual in a management role who demonstrates outstanding leadership, service and achievement as a pioneer in furthering the scope of home health services in Oregon.

***Home Care Employee of the Year Award***

These awards shall be given to employees providing either direct or supportive services to home care patients who demonstrate outstanding service. **(choose one award category)**

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|---|--|
| <input type="checkbox"/> Nurse of the Year            | <input type="checkbox"/> Physician of the Year           |
| <input type="checkbox"/> Therapist of the Year        | <input type="checkbox"/> MSW of the Year                 |
| <input type="checkbox"/> Support Staff of the Year    | <input type="checkbox"/> Chaplain of the Year            |
| <input type="checkbox"/> Home Health Aide of the Year | <input type="checkbox"/> Hospice Coordinator of the Year |
| <input type="checkbox"/> Volunteer of the Year        |  |

### **NOMINEE:**

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

Affiliation/Agency: \_\_\_\_\_

### **NOMINATED BY:**

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

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Nominations must be received by OAHC by **Friday, March 15, 2019** to be considered for the award. Selection will be made on **Friday, March 23, 2019**, and the individual who submitted the nomination will be notified by phone to coordinate the award presentation at the conference before **Friday, April 12<sup>th</sup>, 2019**.

**OAHC 1249 Commercial Street SE , Salem, OR 97302\* 503-364-2733 \* 800-352-7230 \* Fax 877-458-8348**

### **JUSTIFICATION FOR AWARD:**

**In 125 words or less in each section, please summarize how this nominee exemplifies:**

1. Excellence in patient care

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2. Excellence in teamwork

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3. Excellence in supporting their organization

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4. Excellence in dedication to their profession (i.e. education, advocacy efforts in community, volunteer work, etc.)

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Thank you for your participation. **Please remember the DEADLINE is Friday, March 15, 2019.**

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