

## **CAPA Activity Professional of the Year Nomination Form**

This award will be presented for outstanding contributions to the field of activities by a CAPA member; highlighting their contributions, dedication, service, leadership, and accomplishments

Name of Nominee \_\_\_\_\_

Address \_\_\_\_\_

Chapter \_\_\_\_\_

Length of CAPA Membership (Minimum of 1 years in good standing) \_\_\_\_\_

### **CONTRIBUTIONS**

CAPA (Chapter) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility where employed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Education and Life Experience**

Number of years in the Activity Profession \_\_\_\_\_ Education \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* The Nominator will be responsible for securing the following letters of recommendation from:

1. A letter from the Nominator stating why the Professional should receive the award. Included in the letter should be highlights of their contributions, dedication, service, leadership, and accomplishments.
2. Letters of support from the following:
  - a. at least one Resident
  - b. at least one co-worker (other than the Nominator)

\* Also required to be sent with the nomination:

- a. a "Mission Statement" from the nominee that explains what inspires them and their philosophy.
- b. a copy of the last 3 months of their activity calendar.

Nominated by \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**The initial nomination may be sent electronically, but the original copies of the SIGNED letters must be mailed no more than five (5) days following the nomination. If the letters are not signed and all required documentation is not provided, the nomination will be void and not considered for the award.**

Nominator must mail all letters of recommendation and the Nomination form together NO LATER THAN May 1, 2017 in one package to: Susan Whytock, 3600 E. 88<sup>th</sup> Ave. #16, Thornton, CO 80229