

CAPA ADMINISTRATOR OF THE YEAR AWARD NOMINATION FORM

This award will be presented to an administrator who has consistently given support to activities in a facility where a CAPA member is the activity professional and

1. Has supported the promotion of a better quality of life for the residents,
2. Encouraged CAPA involvement of the activity professional,
3. Has supported continuing education and the professionalism of the activity professional in his/her facility.
4. Has demonstrated an understanding of the value of activities in the improvement of the quality of life for residents.

Name of nominee: _____
Facility/Agency address _____

Significant Support Demonstrated

1-5 letters will be accepted. The letter should describe specific examples of his/her support for CAPA. Encouragement of his/her employee's devoting time and effort to association involvement. These letters can also show attitude toward activities and their importance to residents and to staff.

Nominated by: _____
Address _____ Phone _____
_____ 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. 88th Ave. #16, Thornton, CO 80229