



# FADONA's 2017 Nurse Administrator of the Year Award

Please use this form to nominate a worthy **Nursing Administrator** for the **2017 Award**.  
**The deadline for nominations is Feb. 10, 2017.**

**PLEASE ADHERE TO THE FOLLOWING RULES AND PROCEDURES:**

1. Nomination must be made by a FADONA member or long-term care professional with knowledge of nominee's performance. If nominator is a non-member, nominee must have a FADONA member endorsement.
2. Nominee must have been a member of FADONA for at least one year and an **active director of nursing**.
3. Nominee must have appropriate professional credentials and may be certified in gerontological nursing by ANA, nursing administration by ANA, or in LTC nursing administration by NADONA.
4. Supporting reference letters by at least two (2) professional colleagues must be attached.
5. Mail all nominations — **postmarked on or prior to Feb. 10, 2017** — to **FADONA President, 400 Executive Center Drive, Suite 208, West Palm Beach, FL 33401**.
6. The FADONA Executive Committee will serve as the selection committee, with input from pertinent regional vice presidents.
7. Nominees will receive recognition and the winner will be announced during the Annual Awards Celebration on **March 15**.

**DON Nominee's Name:** \_\_\_\_\_ **Nominee's Email:** \_\_\_\_\_

**Date of Employment:** \_\_\_\_\_ **Length of Service:** \_\_\_\_\_

**Length of Career as a DON:** \_\_\_\_\_ **Current Position:** \_\_\_\_\_ **Shift:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

**Administrator's Name:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_  
Street City State ZIP

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

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

**Nominator's email:** \_\_\_\_\_ **Nominator's Phone:** \_\_\_\_\_

1. How has this DON met and / or exceeded your expectations regarding commitment to the standards of nursing practice and leadership in long-term care? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How has the DON demonstrated dependability, consistency, follow-through, reliability, and trustworthiness? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. How has the DON demonstrated commitment to and nurturing of residents in the facility's care?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How has the DON demonstrated initiative in problem-solving at the center? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Attitude: Is the DON positive toward work and the work environment? How does his or her attitude influence other employees? How does it influence the residents? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Mentoring: How does the DON impact retention goals through mentoring and orienting new employees? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Community Impact: How does the DON impact the community through civic participation, education, or volunteer activities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Outstanding accomplishments related to job performance: \_\_\_\_\_  
\_\_\_\_\_
9. List any additional criteria you have used in making your selection:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_