

Nomination Form

Rose Ann Poyzer Caregiver Award



Thank you for your interest in nominating an awardee for this year's event! Please return the completed form to HAH by **June 21**.

1. About the Award

Nominee:

- **MUST BE** employed by an **HAH Home Care and Hospice Division member**.
- **MUST BE** a **direct patient care provider and a non-medical or nursing staff person**: home health aide, home care attendant/assistant, companion, therapy assistant, or HME/IV technician.
- Note: NURSES AND OTHER PROFESSIONAL STAFF should apply for Professional with Heart Award.

Criteria:

Nominee exemplifies a dedication to the provision of quality care through:

- Commitment and loyalty to agency
- "Team spirit" and dependability
- Sensitivity to the needs of the client and family
- Exemplary courage in unusual situations
- Going "above and beyond" job expectations
- Outstanding job performance and skill
- Positive feedback from patient satisfaction surveys

2. Nominee Information

Name:

Direct care position held:

HAH home care and hospice division member organization:

Mailing address:

City: , Hawaii Zip Code:

Phone: Email:

3. Your Information

Your name:

Agency/Organization:

Phone: Email:

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4. Description of Accomplishments

Please check the box if your nominee's primary role is as a **direct patient care provider and a non-medical or nursing staff person** (ie: home health aide, home care attendant/assistant, companion, therapy assistant, or HME/IV technician). If not, then your nominee should be in another category.

Please check the box if your nominee is employed by an **HAH Home Care and Hospice Division member** for more than 2 years.

1. In a paragraph, please explain your nominee's accomplishments in the healthcare industry.

2. Please outline how your nominee meets or exceeds the award criteria (see criteria on previous page).

3. Give examples of how your nominee exemplifies the award criteria and is among the best in his/her field.

4. What else would you like to mention about your nominee?

You can fax, mail or email this form to:
Jamie Velasco at communications@hah.org
Healthcare Association of Hawaii
707 Richards St., PH2 - Honolulu, HI 96813
Ph: (808) 521-8961 Fax: (808) 599-2879



For a full list of HAH Member Organizations please go to
<http://www.hah.org>