

NOMINATION APPLICATIONS ACCEPTED JANUARY 1 TO AUGUST 31 FOR THAT YEAR'S AWARD.



**ILLINOIS ACTIVITY  
PROFESSIONALS ASSOCIATION**

dedicated to enriching the education and professionalism of those involved in activities to enhance the quality of life for individuals residing in a variety of care settings in Illinois

**APPLICATION FOR ADMINISTRATOR/EXECUTIVE DIRECTOR AWARD**

The Administrator/Executive Director Award was founded in 1988. This award honors and recognizes the support and cooperation of an Administrator/Executive Director who encourages participation in local and state Activity organizations. This award is given to the supportive Administrator/Executive Director whose essential encouragement is demonstrated in the building of an outstanding Activity program within the facility or agency.

The winner receives an engraved gift.

Criteria: The nominee must:

- Actively support and be involved in the Activity program and with the Activity staff in the facility/agency
- Demonstrate care and concern for all residents/clients and their rights
- Demonstrate compassion and strength in relationships with families
- Make a visible contribution to the facility/agency
- Serve as the administrator/director of the facility/agency (State license not required)
- Submit a minimum of three letters of reference in support of nominees qualifications/qualities
- Attend the Awards Presentation during the IAPA annual conference

Important! Information must be typed or very legibly PRINTED.

**NOMINEE —**

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Facility/Agency \_\_\_\_\_

Work Address (Include City & Zip Code) \_\_\_\_\_

Home Address (Include City & Zip Code) \_\_\_\_\_

Phone Numbers (Include Area Codes) Work \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_

**NOMINATION SUBMITTED BY — (Must be an IAPA member in good standing)**

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers (Include Area Codes) Work \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_

**OPTIONAL INFORMATION FOR NOMINATION —**

Number of Years in Current Job \_\_\_\_\_ Number of Years in Facility/Agency \_\_\_\_\_

Number of Years as an Administrator/Executive Director \_\_\_\_\_

**REQUIRED INFORMATION FOR NOMINATION —**

**DESCRIBE HOW NOMINEE MEETS THE FOLLOWING CRITERIA:**

ACTIVE SUPPORT OF AND INVOLVEMENT IN ACTIVITY PROGRAM \_\_\_\_\_

\_\_\_\_\_

ACTIVE SUPPORT OF ACTIVITY STAFF \_\_\_\_\_

\_\_\_\_\_

DEMONSTRATION OF CARE AND CONCERN FOR RESIDENTS/CLIENTS AND THEIR RIGHTS \_\_\_\_\_

\_\_\_\_\_

DEMONSTRATION OF COMPASSION AND STRENGTH IN RELATIONSHIPS WITH FAMILIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VISIBLE CONTRIBUTION(S) TO FACILITY/AGENCY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERENCES: List names of those whose reference letters are enclosed & their relationship to nominee.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Submit a minimum of three references to demonstrate nominee's qualifications for this award.

Each reference letter or additional page, **MUST** have the nominee's name at the top.

*Email an album of pictures, videos and/or letters or mail a three ring binder of these items*

**DEADLINE: Must be RECEIVED by August 31st! MAIL APPLICATION & REQUIRED ENCLOSURES TO:**

**IAPA AWARDS COMMITTEE**

**Tina Abhsie, 402 S. Franklin St., Milford, IL 60953 or [mrsabhsie2014@gmail.com](mailto:mrsabhsie2014@gmail.com)**