



## Administrator/Manager Award

The WHCA/WiCAL Shining Star Administrator/Manager Award will be given to a licensed skilled nursing facility administrator or assisted living facility manager representing a WHCA/WiCAL member skilled nursing or assisted living facility. This award is for a facility Administrator recognized for outstanding statewide leadership who has been active in the WHCA/WiCAL, has current direct supervisory responsibility, has demonstrated outstanding leadership ability, and has contributed significantly to the profession of long-term care administration.

### Selection Criteria:

*The Selection Committee will present the WHCA/WiCAL Shining Star Administrator/Manager Award to an individual with the following qualities:*

- Shows leadership, communication, and teamwork skills that are inherent in providing high-quality care.
- Exhibits an active role in the facility's local community to enhance not only the lives of his or her residents, but reflects their facility's commitment to being a good neighbor and contributing to the overall welfare of the community.
- Recognized by his or her peers as an exemplary leader and advocate of the elderly and staff.
- Demonstrates success as an administrator/manager who successfully leads his/her facility to deliver outstanding resident-centered care and achieves a heightened quality of life for residents.
- Displays integrity and a high standard of ethical behavior.
- Provides personal leadership and dedication to residents and staff.
- Plays an active role in WHCA/WiCAL activities.

Name of Nominee \_\_\_\_\_ Years of Service to WHCA/WiCAL \_\_\_\_\_

Name of Nominee's Facility \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

To nominate a worthy applicant please electronically submit a typed description of why you feel the nominee is deserving of the WHCA/WiCAL Shining Star Administrator/Manager Award to [skitch@whcawical.org](mailto:skitch@whcawical.org). **PLEASE WRITE THE NOMINATION DESCRIPTION WITH THE SELECTION CRITERIA ABOVE IN MIND.**

Submitted by / Contact Person \_\_\_\_\_

**PLEASE NOTE:** Each nomination *must* include the completed, relevant nomination form. **Documents of testimonials and nomination letters should be submitted in Microsoft Word or within the text of an email.** Photos of all nominees are required, and press clippings, letters, or other testimonials are *strongly encouraged*, and may mean the difference between two finalists. All submissions will become the property of WHCA/WiCAL and will not be returned.

**NOMINATION DEADLINE: September 11, 2015**