



**OREGON HEALTH  
CARE ASSOCIATION**

*OHCA promotes high quality care and services through professional development and effective advocacy in the shaping of public and private policy.*

OHCA is pleased to offer this program as a way for OHCA members to highlight staff & peers who have made an extraordinary contribution.

This program recognizes the achievements of an individual employee for contributions that have positively influenced the quality of life for residents, resident families or the quality of the working environment for co-workers.

**Contact Melodie King,  
Director of Education for  
more information  
at (503) 726-5227 or  
mking@ohca.com.**

# Long Term Care Champion Nomination Form

Please include a photo of nominee (including photo release form) along with this nomination form when submitting. Nomination Deadlines: **Winter:** December 1, **Spring:** March 1, **Summer:** June 1, **Fall:** September 1

Date Submitted: \_\_\_\_\_

### Nominee Information:

Nominee works in the following setting (Please select only one):

- Community Based Care     In-Home Care Agency     Nursing Facility  
 Senior Retirement     Business/Corp. Office

Nominee: \_\_\_\_\_

Title: \_\_\_\_\_

Facility/Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of Commitment: \_\_\_\_ months \_\_\_\_ years

### Nominator Contact Information:

Nominated By: \_\_\_\_\_

Facility: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### List 3-5 reasons why this person deserves to be recognized as a LTC Champion:

1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Please submit the following documents to OHCA:

- Nomination Form     Photo of nominee (submit by email)     Photo release form

**Attn:** LTC Champion Program

**Mail:** 11740 SW 68th Parkway Suite 250, Portland, OR 97223

**Email:** mking@ohca.com