



National Association of Activity Professionals

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NAAP Awards Recommendation Form

Administrator of the Year

Please respond to **all** of the following on a separate sheet(s) of paper in a **typed** format. Include the statements/questions at the beginning of your response. You **must** follow this format to be eligible.

1. Number of years in long term care as an Administrator _____.
2. List and describe the individual's job experience, special skills, creativity, and projects. Be sure to include examples of "going the extra mile" to improve conditions for residents and/or staff, support of others, working relationships with others, anything that demonstrates more involvement than typical.
3. Describe how the individual has demonstrated support to the Activity Profession. Include: respect shown to the Activity Director; consideration given to the Activity Director as an important member of the management team; how he or she views the activity department's role in the facility; how he or she promotes the importance of activities within the facility; how he or she ensures there is an adequate budget for quality activities; how he or she provides/leads/participates in activities with the residents; how he or she ensures there is adequate staffing in the activity department.
4. Describe how the individual demonstrates support of the Activity Professional's active involvement in professional Activity Associations and continuing education/professionalism. Include ways he or she encourages the Activity Professional's professionalism by providing access to professional publications; promoting membership in Professional Associations, e.g., budgeting for this expense and for continuing education.
5. List other awards received or special recognition received throughout the individual's career.
6. In your own words, describe why you feel the individual stands out and is deserving of this award.
7. **Do Not include any identifying information on this form, e.g., name, facility, state, association name(s), etc. (Points will be deducted in scoring)**

Please sign and date this form giving your permission to make copies of all documents for the NAAP Awards Committee to review. Attach this form to the front of the document being submitted.

Signature: _____ Date: _____