

Nomination Form
WRAP Administrator of the Year Award

Name of Nominee: _____

Facility/Agency: _____

Facility/Agency Address: _____

Facility's WRAP member: _____

WRAP member # and expiration date: _____

WRAP member nominating: _____

WRAP membership # and expiration date: _____

WRAP Nominator's Telephone: _____

WRAP Nominator's e-mail: _____

FAX #: _____

Nominator of facility WRAP member a NAAP member ____yes____no

Expiration date: _____

Please submit and attach the following:

1. A description in 500 words or less of the significant support of activities and the activity professional in the facility.
2. Letter of recommendation from the Resident Council.
3. 4x6 picture with the WRAP member(s) doing the nominating. Please on instant pictures – must be photo label quality. Photo will be used for display boards/public relations. Photo will not be returned.
4. Signed photograph release form for each person in the photograph. Make copies of the form as necessary.

All nominations must be submitted with a postage date of May 1st or earlier to the Awards Chairperson.

Please submit requested material only. All other information will not be used in scoring. (Example: news articles, newspaper photos, etc..)

Presentation of the material will be used in scoring all entries. All identifying information will be blacked out prior to review by judges.

Name and Address of your Local Newspaper:

Criteria for Nominations for WRAP Administrator of the Year Award

This award will be presented to an administrator who has consistently given significant support to the advancement of therapeutic activities within a facility of which a WRAP member is the activity professional and has shown significant support to the WRAP activity professional in their contribution to the health and therapeutic care of the residents of the facility. Also has supported their role in local, state and national activity professional associations, continuing education and professionalism.

The person nominated must meet the following qualifications:

1. The person nominated must be from a facility which a WRAP member is activity professional.
2. Must be nominated by their individual WRAP member.
3. The person nominated must show support of the activity profession.

Policy on Nomination Form

1. Each applicant will complete a nomination form and submit all information indicated on the nomination form by May 1st to the WRAP Awards Chairperson.
2. Any additional materials not requested will not be considered in the review process.
3. Letter of recommendation from the facility Resident Council.

Policy on NAAP Nominations for Administrator of the Year

1. The WRAP Administrator of the Year winner will be an automatic nominee for the NAAP Administrator of the Year.
2. The Application will be obtained by the Awards Chair and forwarded to the WRAP member nominating for completion.
3. In the event the WRAP winner is named the NAAP award winner, WRAP would pay for the winner to attend up to \$800.00 or what is set in the Year's budget. This is for transportation, motel and meal expenses only.

Award Winner Receives:

1. A plaque
2. Banquet meal for the winner and a guest.
3. Banquet meal for the WRAP member nominating if not attending the WRAP conference.
4. NAAP membership to the nominator of the Administrator of the Year to assist in nomination at the NAAP level.

WRAP

Photograph Release Form

I hereby give permission for WRAP to use
photograph of myself

For publicity purposes connected with WRAP.

Signed: _____

Date: _____