

# **WRAP Administrator of the Year**

## Nomination Packet

1. Nomination Form
2. Criteria for Nomination
3. WRAP Media & Photo Release

### **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 1<sup>st</sup> 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.

**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 1<sup>st</sup> 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:

---

---

---

**WRAP**  
**Photo and Media Release**

I give the Wisconsin Representative of Activity Professionals (WRAP) permission to publish in print, electronic or video format my likeness or image. I release all claims against WRAP with respect to copyright ownership and publication including any claim for compensation related to the materials.

I acknowledge WRAP's right to crop or treat the photograph at its discretion. WRAP reserves the right to discontinue use of any photograph(s) without notice.

I also understand that once my image is posted on the WRAP Website, the image can be downloaded by any computer user. Therefore, I agree to hold harmless WRAP and any representative thereof from any claims out of the use of my photograph.

This authorization and release covers the use of said material in any published form and any medium of advertising or publicity for ten years from the date of this release.

Name of Person (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  I confirm that I am 18 years of age or older.

If Needed:

As the (please check appropriate box):  Power of Attorney  Legal Guardian  Parent of the person named above, I accept the provisions of this release.

Name: \_\_\_\_\_

Please Print

Signature: \_\_\_\_\_

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

City State Zip

Phone Number: \_\_\_\_\_

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

Witnessed by Person Submitting Photo: \_\_\_\_\_

Please Print

Signature: \_\_\_\_\_

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

City State Zip

Phone Number: \_\_\_\_\_

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

03/2010