



## Leadership Award Nomination Form

**Date:**

**Nomination Submitted By:**

**Address:**

**Phone:**

**E-mail Address:**

**1. Name of Nominee:**

**Address:**

**Phone:**

**E-mail Address:**

**2. Describe the nominee's professional, volunteer and/or academic history relevant to the Long Term Care Industry and this award: (education, titles, volunteer roles, companies, organizations, not-for-profit agencies/affiliations)**

**3. Explain why you think your nominee is deserving of the MVLTCAL LEADERSHIP AWARD keeping in mind the character, commitment and achievement criteria described earlier. You may attach additional pages if necessary.**