



**Nominate Your Facility's Hero today!  
Go to [www.ohca.org](http://www.ohca.org) to view the latest  
Hero of Long Term Care**

**PROGRAM:**

*Heroes of Long Term Care* is a program designed to honor individual long-term care employees for their service to the facility, its residents and the community. The program is also intended to provide good news opportunities for use in local and statewide markets.

“Heroes” will be nominated from long-term care employees at OHCA member facilities across the state. Applications will be provided by the Association, and will be available by mail and on the OHCA web site. Monthly winners will be selected at random from these nominations. No individual facility may have 2 winners within a 12-month period. If an individual is selected from a facility that has had a winner within the previous 12 months, another selection will be made.

**PUBLICITY:**

The individual selected as the monthly winner will be featured on a special section of the OHCA web site, with a picture, blurb and link to the section from the OHCA Online home page. Information on past winners will be archived on the site. OHCA will send news releases to statewide media outlets, as well as to media in the facility/winners' hometown. Releases and instructions for use will also be provided to the facility, as well as additional tips on promotional activities.

The Governor and Members of the General Assembly from the winners District will be informed of the individuals honored, as well as the Directors of the Departments of Aging, Health, and Job and Family Services and other state and local officials.

Each year, the past year's winners will be invited to attend the OHCA Convention, and will be recognized at the Awards ceremonies.

**LOCAL HEROES:**

Member facilities may hold their own “Heroes” campaigns. Each facility may elect its own method of choosing a nominee for the state award. This could include nominations from staff, residents and families, with winners chosen by a panel of local officials or other individuals. Facilities may also choose to select a winner at random from the group of nominees.



**OHIO HEALTH CARE ASSOCIATION  
Nomination For  
HEROES OF LONG TERM CARE**

**ONLY INFORMATION ON THESE FORMS WILL BE ACCEPTED**

**All information must be typed; computer-generated versions of these forms will be accepted if they include all information in a similar format to this original entry form.**

Date \_\_\_\_\_

Name  
of Nominee \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_/\_\_\_\_\_

OHCA District \_\_\_\_\_

**Application submitted by/contact:**

Name \_\_\_\_\_

Position \_\_\_\_\_

Facility \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

**RETURN TO:  
OHCA Heroes of Long Term Care  
55 Green Meadows Drive South  
Lewis Center, Ohio 43035**



# HEROES OF LONG TERM CARE

Current Position Held and length of time

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Other Long Term care Experience

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Education & Credentials

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Other professional involvement

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Community involvement

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What is the nominee's most important accomplishment in this facility?

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Why was the individual nominated for this award?

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***please use the back of this page for additional information***