



**ILLINOIS ACTIVITY
PROFESSIONALS ASSOCIATION**

dedicated to enriching the education and professionalism of those involved in activities to enhance the quality of life for individuals residing in a variety of care settings in Illinois

APPLICATION FOR ADMINISTRATOR/EXECUTIVE DIRECTOR AWARD

The Administrator/Executive Director Award was founded in 1988. This award honors and recognizes the support and cooperation of an Administrator/Executive Director who encourages participation in local and state Activity organizations. This award is given to the supportive Administrator/Executive Director whose essential encouragement is demonstrated in the building of an outstanding Activity program within the facility or agency.

The winner receives an engraved gift.

Criteria: The nominee must:

- Actively support and be involved in the Activity program and with the Activity staff in the facility/agency
- Demonstrate care and concern for all residents/clients and their rights
- Demonstrate compassion and strength in relationships with families
- Make a visible contribution to the facility/agency
- Serve as the administrator/director of the facility/agency (State license not required)
- Submit a minimum of three letters of reference in support of nominee's qualifications/qualities
- Attend the Awards Presentation during the IAPA annual conference

Important! Information must be typed or very legibly PRINTED.

NOMINEE —

Name _____ Job Title _____

Facility/Agency _____

Work Address (Include City & Zip Code) _____

Home Address (Include City & Zip Code) _____

Phone Numbers (Include Area Codes) Work _____ Home _____

Email _____

NOMINATION SUBMITTED BY — (Must be an IAPA member in good standing)

Name _____ Job Title _____

Address _____

Phone Numbers (Include Area Codes) Work _____ Home _____

Email _____

OPTIONAL INFORMATION FOR NOMINATION —

Number of Years in Current Job _____ Number of Years in Facility/Agency _____

Number of Years as an Administrator/Executive Director _____

REQUIRED INFORMATION FOR NOMINATION —

DESCRIBE HOW NOMINEE MEETS THE FOLLOWING CRITERIA:

ACTIVE SUPPORT OF AND INVOLVEMENT IN ACTIVITY PROGRAM _____

ACTIVE SUPPORT OF ACTIVITY STAFF _____

DEMONSTRATION OF CARE AND CONCERN FOR RESIDENTS/CLIENTS AND THEIR RIGHTS _____

DEMONSTRATION OF COMPASSION AND STRENGTH IN RELATIONSHIPS WITH FAMILIES _____

VISIBLE CONTRIBUTION(S) TO FACILITY/AGENCY _____

REFERENCES: List names of those whose reference letters are enclosed & their relationship to nominee.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Submit a minimum of three references to demonstrate nominee's qualifications for this award.

Each reference letter or additional page, **MUST** have the nominee's name at the top.

Email an album of pictures, videos and/or letters or mail a three-ring binder of these items

DEADLINE: Must be RECEIVED by September 1ST MAIL APPLICATION & REQUIRED ENCLOSURES TO:

**IAPA AWARDS COMMITTEE
Kim Mead, 1003 Gerald Ave. Saint Anne, IL 60964 or kim.mead@gardant.com**