

Virginia Association of Activity Professionals

## Director of Nursing of the Year Award

The Director of Nursing of the Year Award will be presented to a Director of Nursing who has consistently given significant support to the advancement of therapeutic activities within the facility/agency of which a VAAP member is the activity professional and has significantly supported the VAAP member activity professional in their contribution to the health and therapeutic care to the residents of the facility/agency; supported their roles in local, state and national associations; and continuing education endeavors and professionalism.

Name of D.O.N. Nominee: \_\_\_\_\_  
Facility/Agency: \_\_\_\_\_  
Facility/Agency Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Number of years Nominee has been a Director of Nursing: \_\_\_\_\_  
Type of Facility/Agency Nominee is D.O.N. (NF, ADC, RCF): \_\_\_\_\_

Please attach the following to this application:

1. 500 word essay on the following suggested topics:
  - a. Overall support for the activity program in your facility
  - b. Knows and responds to the resident's activity needs
  - c. Encourages nursing department to respond to resident activities and activity staff
  - d. Goes above and beyond duties of a Director of Nursing in assisting in the planning and carrying out of all activities
  - e. In what kinds of activities has your DON participated?
  - f. How do your residents benefit from the efforts of your DON?
  - g. Does your DON have any special skills, talents or has he/she provided any unique contributions which enhance your activity department?
  - h. Has your DON initiated any new programs or projects at your facility?
  - i. In what ways does your DON help facilitate special programs (trips, one time events, supplies, equipment etc.)?
  - j. Is your DON involved in any civic or community groups that enable him/her to enhance the image of your facility or activity program?
  - k. Does your DON belong to our local, district, state or national activity organization?
2. Examples of support of VAAP member activity professional's involvement in professional associations, continuing education endeavors and professionalism
3. Letters from residents, families and activity staff

**Nominated by:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

*Nominations for the VAAP Director of Nursing of the Year Award may be made by an individual VAAP member, VAAP Board, or a local or state activity association. A VAAP member must be the activity professional in the facility/agency.*

**Send all applications to:**

**Jocelyn Jackson, Awards Chair  
Tall Oaks at Reston  
12052 North Shore Drive  
Reston, VA 20190**

**\* All applications must be postmarked by February 25, 2009**

-----  
**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
Number of Pages Received: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_