

**TLC HEALTHCARE™ MEDICAL RESEARCH FOUNDATION**  
**Outstanding CNA or Certified Caregiver**  
**Nomination Form**

Please complete the requested information to nominate an individual. Provide specific examples in each category that best demonstrates the qualities below. Use additional sheets if necessary. Details and examples help the awards committee understand the special nature of the nominee. Submit the nomination form via fax, (520) 575-0809; mail to Paige Hector, LMSW, TLC HealthCare Companies, 1775 East Skyline Drive, Suite 101, Tucson, Arizona 85718 or email, [phector@tlchealthcarecompanies.com](mailto:phector@tlchealthcarecompanies.com).

**Nominee Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Facility/Agency** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Nominee Start Date** \_\_\_\_\_ **Position(s)** \_\_\_\_\_

**Person(s) Submitting Nomination** \_\_\_\_\_

1. How does this individual exemplify Leadership, both to other staff members and to residents/patients?

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2. How does this individual exemplify Compassion to residents/patients?

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