

HEART OF HOSPICE AWARD 2017 Nomination Form

Deadline for Nomination is Friday, May 26, 2017

The Heart of Hospice Award recognizes an individual from each of the two states who has sustained repeated out-standing achievements in hospice and end-of-life care. This award will be presented on Thursday, July 27, 2017 at the Lunch Meeting of the LMHPCO Annual Leadership Conference in New Orleans. Award recipients from each state will receive complimentary overnight accommodations for two at the Loews New Orleans Hotel on Wednesday, July 26, 2017.

Information requested includes ALL of the following: (Incomplete Applications will be Disqualified)

Name of Nominee: _____

Hospice/Palliative Care Program Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax: _____

E-mail address: _____

Nominee's Curriculum Vitae/Resume

Narrative

Please include a narrative describing the nominee's history and relationship to hospice/palliative care, **highlighting accomplishments and contributions to hospice/palliative care that go above and beyond his/her everyday job duties. This is a vital component of the nomination.** Narrative not to exceed 1000 words.

Reference Letters (at least 1) _____

Name of Nominator (Your Name): _____

Hospice/Palliative Care Program Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax: _____

E-mail address: _____

COMPLETE ONLY IF YOU SUBMITTED A NOMINEE IN 2016 AND WANT HIM/HER RECONSIDERED FOR 2017

Name of 2016 Nominee: _____

Agency Affiliation: _____

Your Name: _____

Your E-mail Address: _____

Will You Be Supplying Any Updated Information? YES NO

All requested materials must be e-mailed, faxed or postmarked by May 26, 2017
to: E-mail: Nancy@LMHPCO.org • Fax : 504-948-3908
Mail : LMHPCO • P.O. Box 1999 • Batesville, MS 38606