

2021 Albert E. Dyckes Health Care Worker of the Year

Health Care Worker of the Year Award - Overview

The OHA Health Care Worker of the Year Award honors the excellence of health care workers statewide and recognizes one outstanding individual who demonstrates leadership, routinely goes above and beyond the call of duty, reflects the mission and values of his or her organization and gives back to the community.

ELIGIBILITY

- Each hospital is invited to nominate one individual who has not been nominated previously from that facility.
- Health systems are encouraged to submit nominations from each of their hospitals but may select one nominee to represent the entire health system.
- Eligible persons must be a current employee of an OHA member hospital. The nominee should be a direct caregiver but that is not a requirement. Support personnel are also eligible if they exemplify the qualities represented by this award.
- Physicians are not eligible to be nominated or to receive the award. If you would like to nominate a physician, please consider completing a nomination for one of OHA's Health Care Leadership Awards.

COMPLETION & ACCURACY

Please ensure the information provided in the nomination is complete and accurate. This information will be used in several promotional materials.

CONTACTS

The nominator and primary contact person will receive information related to the nominee and recognition events.

DEADLINE

Nominations will be accepted until 11:59 p.m. on **Feb. 26, 2021**.

PHOTOGRAPHS

In addition to completing the online nomination, two high-resolution color photographs for each nominee are required:

1. Headshot - A head shot is a front-on photograph of the nominee with minimal or no surroundings.
2. Environmental - The environmental photo is an action shot to show the nominee doing his or her job in the work setting. Photos that include patient interaction are encouraged but please edit out any protected health information.

These photos will be used in various promotions. JPEG, PNG or GIF photos must be emailed by Feb. 26 to communications@ohiohospitals.org.

QUESTIONS

Please contact [John Palmer](#) with any questions.

2021 Albert E. Dyckes Health Care Worker of the Year

Nominee Information

*** 1. Provide basic contact information for the nominee.**

Nominee first name

Nominee last name

Credentials (please specify RN, LPN, etc.)

Nominee title

Hospital

Health system

Hospital mailing address

Hospital mailing address 2

Hospital city

Hospital state

Hospital zip code

Nominee phone number

Nominee primary email

*** 2. Please indicate the nominee's length of service in health care and at your facility.**

Years of service at the hospital

Total years of service in health care

2021 Albert E. Dyckes Health Care Worker of the Year

Nominator Information

*** 3. Please enter contact information for the nominator. The nominator will receive information related to the nominee and OHA recognition events.**

Nominator first name	<input type="text"/>
Nominator last name	<input type="text"/>
Credentials (specify RN, LPN, etc.)	<input type="text"/>
Nominator title	<input type="text"/>
Hospital	<input type="text"/>
Health system	<input type="text"/>
Hospital mailing address	<input type="text"/>
Hospital mailing address 2	<input type="text"/>
Hospital city	<input type="text"/>
Hospital state	<input type="text"/>
Hospital zip code	<input type="text"/>
Nominator phone number	<input type="text"/>
Nominator email	<input type="text"/>

2021 Albert E. Dyckes Health Care Worker of the Year

Additional Contact Information

4. If an individual other than the nominator should receive information related to the nominee and OHA recognition events, include their contact information below.

Contact first name	<input type="text"/>
Contact last name	<input type="text"/>
Credentials (specify RN, LPN, etc.)	<input type="text"/>
Contact title	<input type="text"/>
Hospital	<input type="text"/>
Health system	<input type="text"/>
Hospital mailing address	<input type="text"/>
Hospital mailing address 2	<input type="text"/>
Hospital city	<input type="text"/>
Hospital state	<input type="text"/>
Hospital zip code	<input type="text"/>
Contact phone number	<input type="text"/>
Contact email	<input type="text"/>

2021 Albert E. Dyckes Health Care Worker of the Year

Summary (125 word maximum)

Include a summary of approximately 125 words summarizing the nomination. The summary will be used for several promotional materials.

*** 5. Summary**

2021 Albert E. Dyckes Health Care Worker of the Year

Nomination

Use the following criteria to describe how your nominee embodies the characteristics of Health Care Worker of the Year.

Be sure to be specific and highlight his or her most notable achievements.

A total of 80 points is possible.

Limit each section to approximately 200 words.

*** 6. Great leader (20 points)**

*** 7. Goes beyond the call of duty (20 points)**

*** 8. Most notable achievements reflect the mission and values of your organization (20 points)**

*** 9. Gives back to the community (20 points)**

2021 Albert E. Dyckes Health Care Worker of the Year

Photographs

Email two color, digital photographs of the nominee to communications@ohiohospitals.org. Include the name of the hospital and nominee in the body of the email.

*** 10. My hospital agrees to send two photos of the nominee to communications@ohiohospitals.org by Feb. 26.**

I Agree