



## 2024 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 beyond the call of duty, reflects the mission and values of their organization, and gives back to the community.

#### **ELIGIBILITY**

Each member 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 member hospitals but may select one nominee to represent the entire health system. Eligible persons must be current employees of an OHA member hospital. The nominee should be a direct caregiver but not a requirement. Support personnel are also eligible if they exemplify the qualities represented by this award.

#### **COMPLETION & ACCURACY**

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

#### **RECOGNITION**

The OHA Recognition Dinner will be held Tuesday, June 11, 2024, during OHA's 109th Annual Meeting and Educational Summit, June 10-12 in Columbus. All nominees are highly encouraged to attend the recognition dinner, where the finalists and the ultimate recipient will be announced. More information about this dinner including how to register for this event will be sent out in the spring of 2024. OHA will be recognizing nominees through social media and on our website starting in March.

#### **CONTACTS**

As a nominator or contact, you will be copied on all communications to nominees. In the spring of 2024, we will send out a congratulatory letter for the nominee, a dinner invitation letter, and each nominee will receive an Outstanding Service certificate signed by OHA President and CEO Mike Abrams. Communications related to the nominee and recognition event will be sent by email. The congratulatory letter and the recognition certificate signed by Mike Abrams for the nominee will be sent by mail. Please be sure to include the correct email and mailing addresses for the contacts to ensure proper delivery of these items. If you would like us not to include the nominee in these communications and only send these materials to the nominators listed, please indicate that in question 3 of the survey.

#### **DEADLINE**

Nominations will be accepted until 11:59 p.m. on Dec. 31, 2023.

#### **PHOTOGRAPHS**

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

Headshot - A headshot is a front-on photograph of the nominee with minimal or no surroundings.

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 Dec. 31, 2023**, to [amber.yors@ohiohospitals.org](mailto:amber.yors@ohiohospitals.org).*

**QUESTIONS? PLEASE CONTACT:**

**Amber Yors**

**Director, Member Support Services**

(614) 384- 9102

[amber.yors@ohiohospitals.org](mailto:amber.yors@ohiohospitals.org)



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### Nominee Information

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

**Please note: Please make sure all information is complete and accurate. We will be sending event information, a congratulatory letter, and a signed certificate for the nominee to the addresses listed for this individual if indicated in question 3 on this form.**

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

**\* 3. Do you want your nominee to be notified?**

**As a nominee for OHA's Health Care Worker of the Year award, OHA will provide a printed certificate and letter recognizing their nomination. The certificate will be mailed in April. If you would like the nominee to receive the OHA certificate directly from OHA by mail and be included in all OHA communications pertaining to the details of the OHA Recognition Dinner event please provide your preference below.**

- ☐ Please send the congratulatory letter, signed certificate and any communications about the event to my nominee and copy the nominators listed in this survey.
- ☐ Please do not send my nominee any communications pertaining to their nomination or the OHA Recognition Dinner. Please send the certificate and event information to only the nominators listed on this form. Please note: OHA will send the certificate to the first nominator listed on this form if this option is selected.



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### Nominator Information

**\* 4. Please enter the contact information for the nominator.**

**Please make sure all information is complete and accurate. The nominator will receive information related to the nominee and the OHA Recognition Dinner by email. If indicated in question 3 to not include the nominee in communications, we will use this mailing address for this nominator to send the congratulatory letter, and signed certificate for the nominee.**

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"/>



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### Additional Contact Information

**5. If an individual other than the nominator should receive a copy of information related to the nominee and the OHA Recognition Dinner please include their contact information below.**

**Please make sure all information is complete and accurate. The nominator will receive information related to the nominee and the OHA Recognition Dinner by email.**

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"/>



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### Summary (125 word maximum)

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

**Please do not use bullet points or symbols throughout.**

**\* 6. Summary**



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### 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 their most notable achievements.**

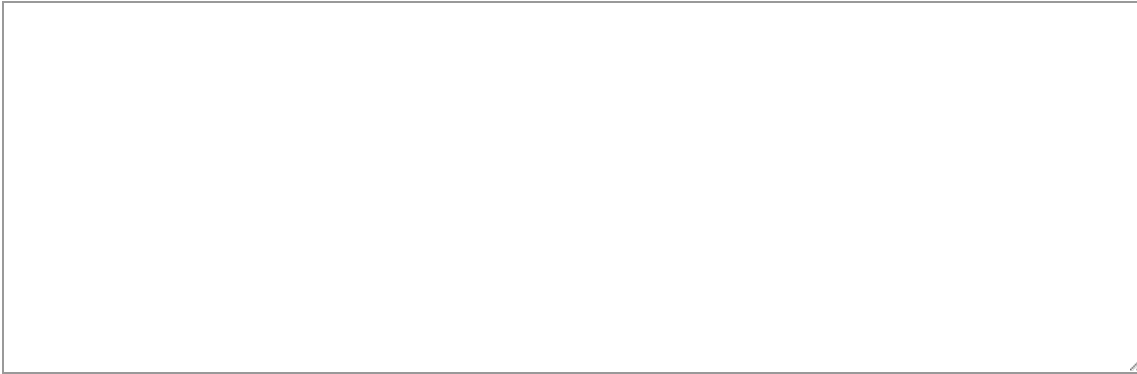
**Limit each section to approximately 200 words.**

**Please do not use bullet points or symbols throughout.**

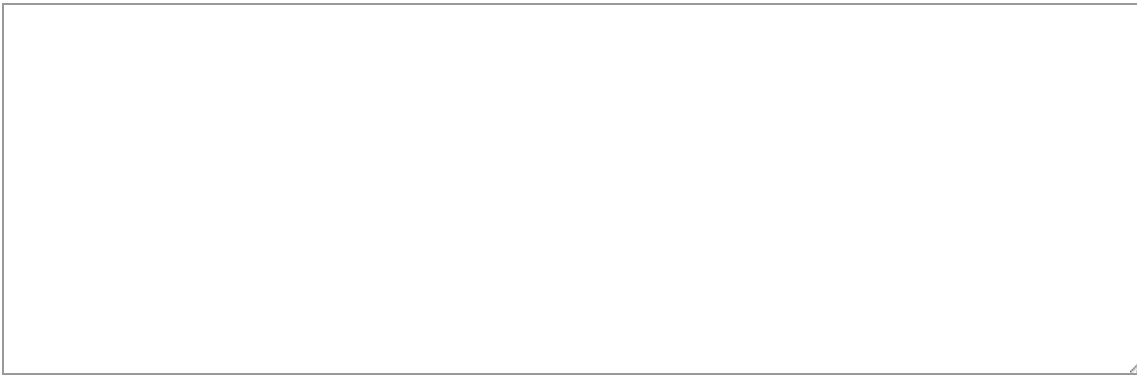
**\* 7. Motivation - Describe the nominee's ability to motivate and inspire colleagues, partners, etc. to advance the mission of the organization (Emphasize their passion for a cause, resilience to overcome an issue, etc.)**

**\* 8. Influence - Describe the nominee's ability to influence others such as serving as a role model or mentoring others.**

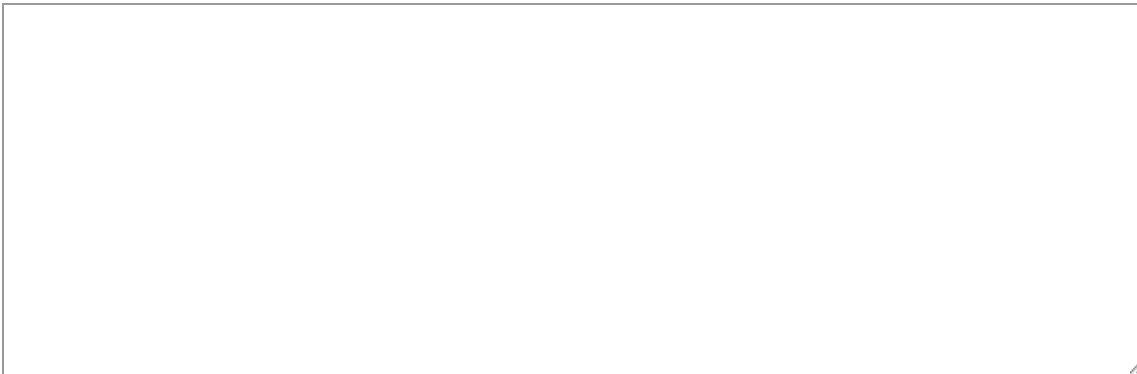
**\* 9. Action - Explain the nominee's service and contributions that reflect merit recognition as a noteworthy health care worker including accomplishments despite obstacles.**



**\* 10. Alignment - Describe the nominee's actions to support the mission, vision, and values of the organization and emphasize a specific example(s) of contributions towards a specific value.**



**\* 11. Community Impact - Describe the impact of the nominee's contributions to the community your organization serves such as a program or initiative that had an impactful result in the community.**





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### Photographs

**Email two color, digital photographs of the nominee to [amber.yors@ohiohospitals.org](mailto:amber.yors@ohiohospitals.org). Include the name of the hospital and nominee in the body of the email.**

**\* 12. My hospital agrees to send two photos of the nominee to [amber.yors@ohiohospitals.org](mailto:amber.yors@ohiohospitals.org) by Dec. 31, 2023**

☐ I Agree