Heroes are all around us!

Do you know a hero of healthcare? They are the people who make a difference in not just one life, but every life they touch. They come to work each and every day to achieve the goal of improving the lives of our residents. These heroes deserve our recognition.

MCAL is looking for nominees for our inaugural Hero of Healthcare Award. Everyday heroes work in all facets of assisted living. Is your hero a member of the dining or life enrichment staff, maintenance or housekeeping worker, office staffer or other employee?

The simplest of actions deserve the biggest rewards. Look around you for inspiration and nominate your hero today!

**NOMINATION GUIDELINES**

- Completed nomination forms must be mailed to MCAL, 7413 Westshire, Lansing, MI 48917 and postmarked by May 26.
- Nominees must be employed by a MCAL member facility in good standing for a minimum of two years.
- Heroes may be nominated by anyone but the nomination form must be completed by the community director.
- Volunteers, nurses and resident aides are not eligible for the Hero of Healthcare Award because they are eligible for other specific MCAL awards.
- Nominations should include a complete nomination form, a letter from the community director explaining why the nominee is a Hero of Healthcare* and a digital photo of the nominee.
- Materials will not be returned unless requested and may be used for public relations and promotional purposes, including social media distribution.

**NOMINATE YOUR HERO TODAY!!**

Application Deadline: May 26, 2017

*Heroes of Healthcare*
HERO OF HEALTHCARE AWARD

NOMINATION FORM

Name of Nominee: _____________________________________________

Job Title of Nominee: ___________________________________________

Nominating Facility: ___________________________________________

Facility Address: _______________________________________________

Facility City, State & Zip:________________________________________

Contact Person: _______________________________________________

Nominator’s Signature: _________________________________________

Telephone: (_____) _______________ Fax: (_____) _________________

E-mail: ______________________________________________________

Nominees Length of Service: ______________________________________

*Please attach a letter, no more than two pages, explaining why the nominee is your Hero of Healthcare.

By remitting this application, nominators are releasing the photo and quotes from their nominating letter to be used in any MCAL promotional materials.

Completed nomination form and supporting letter must be mailed to MCAL before the May 26 deadline at
7413 Westshire Dr.
Lansing, MI 48917

Digital photos and any questions should be directed to elizabeththomas@hcaml.org.