



**Charlotte Metro Award of Service Excellence**

**Nomination Form Year** \_\_\_\_\_

Candidate must meet minimum criteria. The scoring process utilizes objective point driven criteria. Please provide information that will support the nominee's qualifications to be the recipient of the award. **Nomination forms received without substantiating documentation cannot be considered.** Minimum documentation must include current Curriculum Vitae, the nomination form and two (3) additional letters of recommendation. Each letter of recommendation should include a complete explanation as to why the nominee is recommended for the Award of Service Excellence. No self nominations allowed.

**Name of Nominee:** \_\_\_\_\_

**Place of employment:** \_\_\_\_\_

**Credentials:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Excellence in Case Management Practice:**

"Excellence in Case Management Practice" may include statements from colleagues, co-workers, supervisors or others able to substantiate the Candidate's contribution to the field of Case Management. This may include copies of published articles, evidence of educational/professional presentation, community service, letters of recommendations from supervisors, co-workers, employees or others as well as descriptions of innovative efforts to further the professionalism of Case Management and uphold the ethical and professional standards of the industry.

**Minimum Criteria:**

1. Must be current Class "A" member of CMSA for two years (not necessarily consecutive) in good standing

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2. Must have at least one national healthcare-related certification at time of nomination
  3. Nominee is actively managing cases
  4. Current Curriculum Vitae

**Professional Criteria: Please list all credentials (example: RN, LPN, BSN, Social Worker, etc.)** \_\_\_\_\_

1. License or Certification in Clinical/Professional field

\_\_\_yes      \_\_\_no

2. National Specialty Certification

\_\_\_yes      \_\_\_no

3. Case Management Certification

\_\_\_yes      \_\_\_no

4. Three years (3) current Case Management experience

\_\_\_yes      \_\_\_no

**Distinguished Service: Please include term of service and if service included different chapter of CMSA. Please provide documentation substantiating each position claimed including term year.**

1. Charlotte Metro CMSA Officer

\_\_\_yes      \_\_\_no      Term \_\_\_\_\_

2. Charlotte Metro CMSA Board of Directors

\_\_\_yes      \_\_\_no      Term \_\_\_\_\_

3. Charlotte Metro CMSA Committee Chair

\_\_\_yes      \_\_\_no      Term \_\_\_\_\_

4. Charlotte Metro CMSA Committee Member

\_\_\_yes      \_\_\_no      Term \_\_\_\_\_

5. National CMSA Officer and/or Committee chair.

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\_\_\_yes      \_\_\_no      Term \_\_\_\_\_

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6. National CMSA Committee Member.

\_\_\_yes      \_\_\_no      Term \_\_\_\_\_

**Recommendation Information: Please attach any additional information**

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**1. How long have you known Nominee and in what capacity?**

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**2. What are the strengths of character of the Nominee?**

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**3. Why do you feel this Nominee is an outstanding Case Manager?**

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**4. Please rate the Nominee as a Case Manager on a scale of 1-10 with 1 being the lowest and 10 being the highest**

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**5. Other comments or narrative about the Nominee**

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**Nominator Information:**

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To the best of my knowledge, the information submitted is true and accurate.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

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**Professional references:**

Provide two (2) additional professional references with letters of recommendation (not including the information provided by the Nominator) that could confirm the information provided for the nomination. Additional copies of the Letter of Recommendation can be copied as needed or downloaded from the Charlotte Metro web site.

[www.cmsacharlottemetro.org](http://www.cmsacharlottemetro.org)

Please complete all information and return to:

**Phil Koch**

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Charlotte, NC 28226



**Maintaining Independence, Dignity and Quality of Life .....**

All applications and letters must be received by August 31 of the year for which the nomination is for. The winner will be announced at the Fall Conference.