



Charlotte Metro
CMSA Award of Service Excellence
Letter of Recommendation

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.

Recommendation Information: Please attach any additional information

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

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

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

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

5. Other comments or narrative about the Nominee

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

Signature: _____ Printed Name: _____

Phone: _____ Email Address _____

Relationship to Nominee: _____

Address: _____

Please complete and return this form to: *Phil Koch*

Email: scharlotte@comforcare.com

Website: www.comforcarecharlotte.com

Fax# (704) 543-0560

ADDRESS: ComForcare Senior Services

8008 Corporate Center Dr., Suite 200

Charlotte, NC 28226



Maintaining Independence, Dignity and Quality of Life

All applications including documentation and letters must be received by August 31 of the year in which the nomination is being made.