Dear Health Care Professional:

July 1, 2013

“Shaping the Future”, the 14th Annual Conference on Alzheimer’s Disease and Psychiatric Disorders in the Elderly” is scheduled for August 14-16, 2013 at the MSU Riley Center in Meridian, MS. In effort to best acknowledge expertise and talent across the state, the conference planning committee has established three awards to be given during the conference Awards Breakfast on Friday, August 16, 2013. We are currently seeking nominations for the Direct Care Worker of the Year, Volunteer of the Year and the Dorris Award for Caregiving. Nomination applications are enclosed.

All three awards are designed to acknowledge the accomplishments and dedication of individuals who serve as professional caregivers, volunteers, or unpaid caregivers (family, friends, etc.). Awards will be given to someone who demonstrates commitment, compassion, competence, and leadership in the field of dementia care. To nominate someone for this award, please complete the nomination form and submit at least two letters of support. All submissions should be returned to the Division of Alzheimer’s by August 1, 2013. LATE SUBMISSIONS WILL NOT BE ACCEPTED.

Please return nominations to: Division of Alzheimer’s
Attn: Kathy Van Cleave, Conference Chair
1101 Robert E. Lee Building
239 North Lamar St.
Jackson, MS 39201

Nominations may be e-mailed to kathy.vanclave@dmh.state.ms.us. Put “Award Nomination” in the subject line. Nominations may also be faxed to 601.867.5289. Thank you for your continued support of Alzheimer’s and dementia care. We look forward to hearing from you.

Sincerely,

Kathy Van Cleave, LMSW, LCMHT
Director, Division of Alzheimer’s Disease
Mississippi Department of Mental Health
The 14th Annual Conference on Alzheimer’s Disease & Psychiatric Disorders in the Elderly

Direct Care Worker of the Year

Criteria: The Direct Care Worker of the Year Award is designed to acknowledge the accomplishments and dedication of individuals who serve as professional caregivers. This award is given to someone who demonstrates commitment, compassion, competence, and leadership in the field of dementia care.

Nomination: To nominate someone for this award, complete the information below. Please submit at least two letters of support per nominee. All submissions should be returned to the Division of Alzheimer’s by August 1, 2013. LATE SUBMISSIONS WILL NOT BE ACCEPTED.

Please Type or Print Clearly

Nominee: ___________________________ Employer: ___________________________

Mailing Address: ___________________________________________________________

Phone: ___________________________ e-mail: ___________________________

Length of time at current employment: _______________________________________

Total amount of service in Alzheimer’s/ Dementia field: ___________________________

Person submitting nomination: _____________________________________________

Relationship to nominee: _________________________________________________

Mailing Address: __________________________________________________________

Phone: ___________________________ e-mail: ___________________________

Please continue on reverse side

This form may be photocopied. 2013 DCW Nominee
In 100 words or less, please express why you believe this individual should receive this award. Please address the following qualities:

Example of Commitment:


Example of Compassion:


Example of Competence:


Example of Leadership:


Please use additional form if necessary. This form may be photocopied. 2013 DCW Nominee
The 14th Annual Conference on Alzheimer’s Disease & Psychiatric Disorders in the Elderly

Volunteer of the Year

Criteria: The Volunteer of the Year Award is designed to acknowledge the accomplishments and dedication of individuals who serve as volunteers in the field of Alzheimer’s and Dementia care. This award is given to someone who demonstrates commitment, compassion, competence, and leadership in the field of dementia care.

Nomination: To nominate someone for this award, complete the information below. Please submit at least two letters of support per nominee. All submissions should be returned to the Division of Alzheimer’s by August 1, 2013. LATE SUBMISSIONS WILL NOT BE ACCEPTED.

Please Type or Print Clearly

Nominee:__________________________________________________________

Organization Current Volunteering for:________________________________________

Mailing Address:_______________________________________________________

____________________________________________________

Phone:_________________________ e-mail:_________________________

Length of time at current organization:____________________________________

Total amount of previous service in Alzheimer’s/ Dementia field:________________

Person submitting nomination:___________________________________________

Relationship to nominee:_______________________________________________

Mailing Address:_______________________________________________________

____________________________________________________

Phone:_________________________ e-mail:_________________________

Please continue on reverse side
This form may be photocopied. 2013 Volunteer Nominee
In 100 words or less, please express why you believe this individual should receive this award. Please address the following qualities:

**Example of Commitment:**

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**Example of Compassion:**

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**Example of Competence:**

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**Example of Leadership:**

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Please use additional form if necessary. This form may be photocopied. 2013 Volunteer Nominee
Dorris Award for Caregiving

Criteria: The Dorris Award for Caregiving is designed to acknowledge the accomplishments and dedication of individuals who serve as unpaid caregivers (family, friends, etc.). This award is given to someone who demonstrates commitment, compassion, competence, and leadership in dementia care.

Nomination: To nominate someone for this award, complete the information below. Please submit at least two letters of support per nominee. All submissions should be returned to the Division of Alzheimer’s by August 1, 2013. LATE SUBMISSIONS WILL NOT BE ACCEPTED.

Please Type or Print Clearly

Nominee: ____________________________________________
Mailing Address: ______________________________________
______________________________
____________________________________________________
Phone: ___________________________ e-mail: ______________________
Total amount of service in Alzheimer’s/ Dementia field: ______________________
Person submitting nomination: _________________________________
Relationship to nominee: ______________________________________
Mailing Address: ____________________________________________
______________________________
Phone: ___________________________ e-mail: ______________________

Please continue on reverse side
This form may be photocopied. 2013 Caregiver Nominee
In 100 words or less, please express why you believe this individual should receive this award. Please address the following qualities:

**Example of Commitment:**

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**Example of Compassion:**

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**Example of Competence:**

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**Example of Leadership:**

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Please use additional form if necessary. This form may be photocopied. 2013 Caregiver Nominee