



CMSA-NYC CASE MANAGER OF THE YEAR NOMINATION FORM

Must meet the following minimum Criteria :

- Candidates cannot self-nominate.
- Candidate must be a CMSA-NYC member for ≥ 2 years.
- Candidates must have at least one professional credential.

Submission Deadline: January 4, 2012

NOMINEE INFORMATION:

Name: _____
Address: _____
City/State/Zip: _____
CMSA Member #: _____
Employer: _____

Credentials: _____
Email: _____
Phone: _____
Mobile: _____
Title: _____

NOMINATOR INFORMATION:

Name: _____
Email: _____
Phone: _____

Relationship to Nominee: _____

CMSA Chapter (If member) _____

- I certify that the information submitted on this application is true and accurate to the best of my knowledge.
- PROFESSIONAL LETTERS OF RECOMMENDATION:** Obtain 3 professional reference letters of recommendation from individuals who can attest to the candidate's merit for the award of Case Manager of the Year. Letters should be emailed to president-cmsanyc@hotmail.com with "CMOY" listed in the subject line.
- Attach a copy of the candidate's **CURRICULUM VITAE** or professional resume when submitting the reference letters.

CMOY Criteria

<p>Current CMSA Membership:</p> <ul style="list-style-type: none"> <input type="checkbox"/> "Class A" member for a minimum of 5 years. <input type="checkbox"/> CMSA-NYC chapter member for last 2 years. 	<p>Membership # _____</p> <p>Dates of membership _____</p>
<p>Academic Degrees:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit copies of academic degrees / credentials (i.e. BSN, Masters, PhD, MD, etc) 	<p>Academic credentials _____</p>
<p>Certifications:</p> <ul style="list-style-type: none"> <input type="checkbox"/> List all current national healthcare-related certifications (i.e. CCM, CRC, RN-BC, CCP, etc) 	<p>Healthcare certifications _____</p>
<p>CMSA Leadership:</p> <ul style="list-style-type: none"> <input type="checkbox"/> List any roles within local CMSA chapter and/or National CMSA organization (i.e. CMSA officer, board of directors, committee/task force chair, committee / task force member, etc) <p>(use separate sheet to list additional positions, if needed)</p>	<p>1. Leadership title _____ Chapter affiliation _____ Term (years of service) _____</p> <p>2. Leadership title _____ Chapter affiliation _____ Term (years of service) _____</p> <p>3. Leadership title _____ Chapter affiliation _____ Term (years of service) _____</p>



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CMOY Criteria

Other leadership positions

Positions/ roles with other National, state or local healthcare organizations or agencies (i.e. board of directors, committee positions, advisory task force, national initiative programs, etc)

(use separate sheet to list additional positions, if needed)

- 1. Position role/ title _____
 Organization/agency _____
 Term (years of service) _____
- 2. Position role/ title _____
 Organization/ agency _____
 Term (years of service) _____
- 3. Position role/ title _____
 Organization/agency _____
 Term (years of service) _____

Published Works:

List articles, publication or other public works authored within the past 5 years in a nationally recognized Professional journal.

(use separate sheet to list additional publications, if needed)

- 1. Title of article _____
 Where published _____
 Year / Volume _____
- 2. Title of article _____
 Where published _____
 Year / Volume _____
- 3. Title of article _____
 Where published _____
 Year / Volume _____

Professional / Educational Presentations

List any presentations (related to case management) presented at a local, state or national conference or seminar (i.e. chapter presentation, national presentation, academic course, training programs, meeting with public officials, etc)

(use separate sheet to list additional presentations, if needed)

- 1. Title of presentation _____
 Level of conference _____
 Organization _____
 Type of event _____
- 2. Title of presentation _____
 Level of conference _____
 Organization _____
 Type of event _____
- 3. Title of presentation _____
 Level of conference _____
 Organization _____
 Type of event _____



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Case Management Systems:

Provide overview of clinical case management systems designed, implemented and/or evaluated:

Community Service:

List participation in community service initiatives which have impacted case management clients (i.e. support groups, etc)

Professional Groups:

List participation and/or involvement which significantly impacts communication with other professional groups:

Letter from the Nominator: (500 words or less)

Please summarize why YOU feel this candidate deserves the NYC-CMSA Case Manager of the Year award.

Thank you for taking time to nominate one of your colleagues for the esteemed award of Case Manager of the Year. Our CMSA-NYC chapter clearly has some outstanding professionals who deserve this recognition, and we appreciate your support and the time and thought that it takes to submit a Candidate nomination. Please submit application with all supporting documentation to president-cmsanyc@hotmail.com prior to January 4th, 2012.