



MINNESOTA STATEWIDE ACTIVITY PROFESSIONALS

*"A source for education, support, ideas, and opportunities
to enhance the lives of those we serve."*

MN SWAP Award Nomination "Activity Professional Award of Excellence"

Please provide detailed information to the following questions. Use additional pages if needed.

Name of Nominee: _____
Address of Nominee: _____
Phone # of Nominee: _____
Email of Nominee (if available): _____
MN SWAP Membership # _____ Expiration _____

The person being nominated for the Activity Professional of Excellence must be a current MN SWAP member but may be nominated by an individual who is not a member such as supervisor, peer, resident, etc. For membership status contact Julie Reginek at julie.reginek@ridgewater.edu.

Name of Nominator: _____
Address of Nominator: _____
Phone # of Nominator: _____
Email of Nominator: _____

Brief summary for reason of nomination:

Nomination for the Activity Professional Award of Excellence needs to include no more than three letters (one page each) of support. One of the supporting letters must be from the facility administrator. Please do not include any identifying information such as facility name or person's name if possible. Use she or he in place of person's name. All nominations must be received to MN SWAP Vice President no later than by July 1st, 2010. Include this form along with supporting letters and submit to:

Jane Chagnon
Parkshore Senior Campus
3633 Park Center Boulevard.
St. Louis Park, MN 55416-2514
jchagnon@parkshorecampus.com

Activity Professional Award of Excellence

Number of years the individual has been in the Activity Profession:

Years as a MN SWAP member:

Years as a NAAP member:

Other involvement in activity professional groups:

Contributions to the Activity profession have been:

(Example: committees, memberships, positions held or volunteering local, regional, state)

Job experience and special skills this individual has:

Individual's creativity as an Activity professional have been:

Projects this individual has overseen that enhance the Activity department program, department and/or facility have been:

Relevant education and/or certifications received to the field of Activities have been:

Special recognition and awards won or received throughout their career have been:

List and define any outstanding accomplishments in the field of Activities:

The individual has been involved in presenting in-services/workshops relating to:

This individual has improved/promoted the field of Activities through:
(Example: public speaking, public relations within the facility and community and involvement in activity associations.)

This individual has been involvement in facility Quality Assurance/Improvement projects that related to:

Describe why you feel this individual stands out above all others and is deserving of this award: