



Ontario PsychoGeriatric Association

Recognition Award for Excellence

The OPGA Recognition Awards embodies the organization's vision of being the leading voice for those serving elderly persons with mental health needs across Ontario, through leadership, advocacy, education, support, networking and partnerships. Award recipients can be either an individual or a team of individuals that demonstrate exceptional skills in the areas of **advocacy**, **service excellence**, and/or **leadership**. Recipients (either individual or team) can be regulated or non-regulated health care/service providers and will demonstrate commitment to the care of older persons with mental health needs and two or more of the following:

1. Actively initiates and/or participates in advocacy activities at an organizational or societal level for meeting the needs of older adults with mental health needs.
2. Consistently provides excellent person-centered care/services to older persons with mental health needs and their families.
3. Provides ongoing support to colleagues and co-workers in care and service delivery to diverse older persons with mental health needs and their families.
4. Participates in geriatric mental health care/service continuing education.
5. Continuously provides formal or informal collaborative leadership in the provision of care/service to older persons with mental health needs

Submission Guidelines

Complete the OPGA ***Recognition Award for Excellence Nomination Form*** and submit by:

Monday March 1, 2010 by 5:00 p.m.

Mail:

*OPGA Recognition
Award for Excellence
188 Burnett Avenue
Cambridge, ON
N1T 1K3*

Fax:

*Attn: Eugenia Petersen
OPGA Recognition
Award for Excellence

(905) 681-8628*

Email:

info@opga.on.ca

Recognition Award for Excellence

NOMINATION FORM

This form is to be used to nominate an individual or team in Ontario who works with older persons with mental health issues/illnesses for an OPGA Recognition Award for Excellence. Please send the completed form via mail, fax, or email.

The deadline for nominations is Monday March 1, 2010

Is this an Individual or Team Nomination:

Individual Team

Nominee Information:

Name of Individual/Team: _____

Address: Street _____ City: _____

Postal Code: _____

Work# _____ Home/Cell # _____ Email: _____

Organization Name/Address _____

Nominee's Role(s) _____

Area of Work (include unit/floor or department)

Please check all that apply:

Consider nominee for recognition in the area (s) of:

Advocacy Service Excellence Leadership

Please provide specific example(s) of how this individual or team demonstrates the following:

Initiates' and/or participates in advocacy activities at an organizational or societal level for meeting the needs of older adults with mental health needs.

Consistently provides excellent person-centered care/services to older persons with mental health needs and their families.

Provides ongoing support to colleagues and co-workers in care and service delivery to diverse older persons with mental health needs and their families

Participates in geriatric mental health care/service continuing education.

Continuously provides formal or informal collaborative leadership in the provision of care/service to older persons with mental health needs.
