



2019 Full Lives Conference for Direct Service Professionals
April 10 - 12, 2019, The Hotel Captain Cook, Anchorage

Alaska Alliance for Direct Service Careers
Outstanding Direct Service Professionals of the Year Awards

Now accepting nominations for outstanding direct service professionals who work to support people in the following areas:

Traumatic Brain Injuries
Severe Mental Illness
Alzheimer's Disease and Other Age-Related Dementia/Elder Care
Chronic Alcoholism/Substance Abuse
Development Disabilities

Submission Deadline: February 12, 2019

Winners will receive \$1,000

AND

a paid trip to the 2019 Full Lives Conference to accept this honor*

AND

free registration to the next Full Lives Conference in 2020!

**Paid trip is only applicable to winners who live outside of the Anchorage/Mat-Su area.*

To be a direct service professional, a person must work AT LEAST 75% of their time in direct care activities.

Direct Service Professionals provide support to a wide range of individuals in a variety of settings including the individual's home, workplace, residential center, day center, and community. Positions include, but are not limited to: Care Coordinators, PCAs, CNAs, direct service professionals, home care providers, recreation staff, clinicians, job coaches, counselors, and early intervention associates; anyone who works directly with an infant, child, adolescent, adult or senior who depends on support to be more self-sufficient.

Five winners (one from each service area) will be announced at the 2019 Full Lives Conference at the Hotel Captain Cook on **Thursday, April 11, 2019.**

DUE DATE: Please complete the attached nomination form and submit by February 12, 2019 to:

Megan Moody or Diana Carpenter
2702 Gambell St, Ste 103
Anchorage, AK 99503
Phone: 608.658.9695
Fax: 907.274.4802

Or email to: meganmoodyak@gmail.com

Additional nomination forms are available on the Full Lives Conference page at www.aktc.org



Nomination for Outstanding Direct Service Professional Award

Awards presented at the annual Full Lives Conference

Nomination Form Submission Deadline: February 12, 2019

Name of nominee: _____

Nominee's title: _____

Number of years in field: _____

Nominee's email: _____

Phone: _____

Nominee's agency: _____

Years at agency: _____

Agency address: _____

City: _____

Name of nominee's supervisor: _____

Email: _____

Name of executive director: _____

Email: _____

Your name (nominator): _____

Your phone: _____

Your relationship to nominee: _____

Your email: _____

The nomination process requires four steps:

1. Nominations must be submitted by **Tuesday, February 12, 2019**.
2. Select only one area of support: Traumatic Brain Injury, Severe mental illness, Alzheimer's Disease and other age-related dementia/Elder care, Chronic alcoholism/Substance abuse, or Developmental disabilities. (**Nominations with more than one box selected will result in disqualification.**)
3. There should be two endorsements from two individuals who:
 - receive services from the Nominee,
 - is a member of the family of the person receiving care, OR
 - works as a direct support professional that knows the nominee and endorses this nomination.
4. The nominator must fill out the Direct Service Competency section, with or without the nominee's input.

Please check the major area of support for your Nominee (check only one of the following):

Traumatic Brain Injury

Mental Illness

Developmental Disabilities

Alzheimer's Disease and Other Age-Related Dementia/Elder Care

Chronic Alcoholism/Substance Abuse



Endorsement #1

Since this award is about providing direct services to individuals, we would like to hear from you about the Nominee. Please select one of the three options that applies to you:

I receive services from _____

I am a family member of someone who receives services from _____

I am a co-worker of _____

The support I receive is usually:

Fantastic!

Really Good!

Pretty good!

I like working or being with the nominee because - please provide specific stories, instances, or examples of their exemplary work:

Endorsed By: _____

Disclaimer: Your name is optional, but appreciated! It will not affect the nominaton. We will not share your name with anyone but the Award judges. If you are uncomfortable giving your name, you may simply write your relationship with the nominee and/or just include your initials.



Endorsement #2

Since this award is about providing direct services to individuals, we would like to hear from you about the Nominee. Please select **one** of the three options that applies to you:

___ I receive services from _____

___ I am a family member of someone who receives services from _____

___ I am a co-worker of _____

The support I receive is usually:

___ Fantastic!

___ Really Good!

___ Pretty good!

I like working or being with the nominee because - please provide specific stories, instances, or examples of their exemplary work:

Endorsed By: _____

Disclaimer: Your name is optional, but appreciated! It will not affect the nominaton. We will not share your name with anyone but the Award judges. If you are uncomfortable giving your name, you may simply write your relationship with the nominee and/or just include your initials.



Direct Service Competencies

Name of Nominee: _____

Please provide details on instances where you have witnessed exemplary work in the direct service competencies. We ask that you be as succinct as possible, but may attach additional pages if needed:

Passion for the work:

Respect for others and other cultures:

Initiative/Flexibility on the job:.

Positive attitude on the job and in the workplace: