

DEPARTMENT OF VETERANS AFFAIRS HEALTH-CARE PROVIDER OF THE YEAR

This Award Program permits The American Legion to honor a VA health-care provider who has provided extraordinary service to our Nation's Veterans.

The Internal Affairs Commission coordinates this program. The Internal Affairs Commission works closely with the Veterans Affairs and Rehabilitation Commission requesting and reviewing nominations.

Nominees will be accepted by any member of The American Legion in good standing filed with the Internal Affairs Commission under such procedures established by the commission as are necessary and consistent with the effective administration of such an award.

Those eligible for the award are: Any health-care provider excluding physicians. Nominees must be a direct patient care provider.

NOMINATIONS MUST BE SUBMITTED IN NARRATIVE FORMAT WITH NAME OF THE POST AND DEPARTMENT IN THE UPPER LEFT HAND CORNER.

Letters of recommendation must be submitted in narrative format not to exceed 500 words. Legion members making recommendations for this award must send the nomination through their Post Adjutant who will submit the nominations to their Department Adjutant. If a Department receives more than one nomination, the Department must screen each nomination and select one nominee for submission to the National office.

Departments must submit their recommendation for the award to the Director, Veterans Affairs and Rehabilitation Division by September 7th of each year. Failure to submit in the proper format and/or by the cut-off date will invalidate the nomination.

Nominations will be submitted to the VA&R Commission for consideration during the National Convention Sunday Veterans Affairs & Rehabilitation Convention Committee Joint Meeting at which time the Commission will select one nominee for presentation. The nominee's name will be submitted to the National Adjutant for consideration and final approval at the Fall National Executive Committee meeting.

The award shall be awarded by the national commander, annually, at the Commander's Call during Washington Conference.

Enclosure-Application Form
The American Legion
Health Care Provider of the Year
Application Form

Date _____
Name _____ Sex _____
Home Address _____
City and State _____ Zip _____ Phone(____) ____ - _____
Age _____ Marital Status _____ Spouse's Name _____
Number of years working as a VA Health Care Provider _____
*Justification for Nomination _____

Agency Name _____
Agency Director _____ Title _____
Nominee's Supervisor _____ Title _____
Agency Address _____
City and State _____ Zip _____ Phone(____) ____ - _____
Department Submitting Nomination _____
Address _____
City and State _____ Zip _____ Phone(____) ____ - _____
Department Commander _____
(Signature)
Department Adjutant _____
(Signature)

Failure to use this form may result in the DISQUALIFICATION of your nominee. It should be placed as the COVER SHEET for your packet of materials supporting your candidate. Include an official photograph of the nominee. Mail completed application to the Veterans Affairs and Rehabilitation Division, 1608 K Street, N.W., Washington, DC 20006 to arrive by September 7th. Submit one copy of your application packet and it should conform to the instructions contained in this Veterans Affairs and Rehabilitation Memorandum

*Justification can be included on a separate page