

## LONG TERM CARE PHYSICIAN OF THE YEAR AWARD – 2024

OLTCC requests nominations for an outstanding Physician in Long Term Care. The Long-Term Care Physician of the Year award recognizes a member of Ontario Long Term Care Clinicians (OLTCC) who demonstrates exemplary patient care in the long term care setting. The Physician commits vision, knowledge and passion to improve quality in his/her organization. The nominee is a leader and an inter-professional collaborator.

Nominations will be received up to **SEPTEMBER 23, 2024**. The outstanding physician nominated should be:

1. A physician in good standing with the community and profession.
2. A current member of the Ontario Long Term Care Clinicians. *(If nominating, check with the office regarding membership status – office@oltcc.ca)*
3. An experienced physician in Long Term Care for at least three years.
4. A proven team leader.
5. An effective educator.
6. Cannot be a current OLTCC Board of Director.

With the attached nomination form, please provide the reasons for your nomination and a brief summary, biography or resume about your candidate. Letters of support may be included. Letters of support may come from colleagues, administration, allied health professional, residents and their families. Letters of support can be emailed to office@oltcc.ca.

The recipient will be selected prior to the OLTCC Conference 2024. The recipient will be notified of the honour beforehand.

The Award will be presented in-person at the annual Conference, Saturday October 26, 2024, from 12:30 pm to 12:45 pm. The location of the Conference is the Hilton Toronto Hotel, 145 Richmond Street West, Toronto, Ontario.



Ontario  
Long Term Care  
Clinicians

**LONG TERM CARE  
PHYSICIAN OF THE YEAR AWARD – 2024**

**NOMINEE INFORMATION**

*(If you are unsure if they are a current OLTC member, please contact the office)*

Nominee: \_\_\_\_\_

LTC Facility: \_\_\_\_\_

City: \_\_\_\_\_

Has your Nominee been informed about this Nomination? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOMINATOR INFORMATION**

Nominator: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

**PLEASE INCLUDE THE FOLLOWING INFORMATION**

1. The reasons for your nomination.
2. A brief summary, biography or resume about your candidate.
3. Letters of support from colleagues and others may be included.

**RETURN TO:**

Ontario Long Term Care Clinicians

Via email only: [office@oltcc.ca](mailto:office@oltcc.ca)

**QUESTIONS?**

OLTCC Office, [office@oltcc.ca](mailto:office@oltcc.ca)

**NOTE:**

Information provided will remain confidential