DEPARTMENT OF VETERANS AFFAIRS
HEALTH CARE PROVIDER OF THE YEAR AWARD
Information Sheet

This Award Program permits The American Legion to honor any healthcare provider that is not a VA physician, 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 healthcare provider that is NOT a VA physician. Nominees must be a direct patient care provider.

NOMINATIONS MUST BE SUBMITTED IN NARRATIVE FORMAT WITH NAME OF THE POST AND DEPARMENT 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 **July 30th** 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.

DEPARTMENT OF VETERANS AFFAIRS
HEALTH CARE PROVIDER OF THE YEAR AWARD FORM

Date: _____

Name: _____ Sex: ☐ Male ☐ Female

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____

Marital Status: _____ Spouse's Name (if applicable): _____

Number of years working as a VA Physician: _____

*Justification: _____

_____

(*Justification can be submitted on a separate page)

Agency Name: _____

Agency Director Title: _____

Nominee's Supervisor Title: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Department Submitting Nomination: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

_____ _____

Department Commander Signature Department Adjutant Signature

Failure to use this form may result in the DISQUALIFICATION of your nominee. It should be place as the COVER SHEET for your packet of materials supporting your candidate. Include an official photograph of the nominee. This information must be received by **JULY 30th**. Submit one copy of your application packet and it should conform to the instructions contained in this Veterans Affairs and Rehabilitation Memorandum.

Mail to: **Veterans Affairs and Rehabilitation Division**
1608 K Street, NW
Washington, DC 20006