# PRACTICE MANAGER SPECIALIST OF THE YEAR (PMSoY) NOMINATION FORM

Date:



|  |                     | l                 |                   |                 |  |
|--|---------------------|-------------------|-------------------|-----------------|--|
| Practice managers cal  | n be nominated by   | y their employe   | er or a fellow PM | IAANZ member    |  |
| All nominees are required to complete the application form themselves. |                     |                   |                   |                 |  |
| Nominee Contact Details  | 5                   |                   |                   |                 |  |
| In this section of the form, plea for this award.                      | se enter contact de | tails of the Prac | tice Manager bei  | ing nominated   |  |
| Name and Title of<br>Practice Manager Nominated                        |                     |                   |                   |                 |  |
| PMAANZ Membership<br>Status  |                     |                   |                   |                 |  |
| Email Address  |                     |                   |                   |                 |  |
| Contact Phone numbers  | Day Phone           |                   | Mobile            |                 |  |
|  |                     |                   |                   |                 |  |
| Contact Details of Nomin   | nator               |                   |                   |                 |  |
| In this section of the form pleas<br>nomination of the Practice Man    |                     | ails of the perso | on nominating an  | d endorsing the |  |
| Name of Nominator  |                     |                   |                   |                 |  |
| Title  |                     |                   |                   |                 |  |
| PMAANZ Membership<br>Number & Status if applicable                     |                     |                   |                   |                 |  |
| Email Address  |                     |                   |                   |                 |  |
| Contact Phone numbers  | Day Number          |                   | Mobile            |                 |  |

PMAANZ Branch:

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### Practice profile

| Please provide a brief outline of your practice, such as patient demographics, who is of team, a short history of the business and any special services your practice provides (1 max). | n the<br>150 words |
|---|--------------------|
|   |                    |
|   |                    |
| Short bio   |                    |
| A brief account of yourself and work journey into practice management (150 words ma   | x).                |
|   |                    |
|   |                    |

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#### Questions

Please respond to each question below and if possible, include an example to support your answers. Each response should be approximately 100 - 150 words.

1. Effective leadership and team building skills:

For example, how have you built a cooperative, supportive and high functioning team who regularly achieve their goals?

2. Communication skills and high functioning interpersonal relationships:

For example, describe how you use a variety of techniques to build rapport and trust and communication effectively with members of the health care team.

3. Commitment to continuous professional development in practice management:

For example, how have you demonstrated commitment to ongoing professional development of both yourself and others.

4. Business Planning:

For example, what significant contributions have you made to practice planning meetings, formal documentation and innovative ideas for the business?

4. Financial Management:

For example, how have you developed effective and efficient financial processes, and/or increased profitability of the practice? Such as, debt collection, claiming, payroll or developing new revenue opportunities.

5. Implementation of systems/processes to support quality care in a clinical setting:

For example, describe what systems/processes you have introduced to assist practice team members to achieve their quality improvement goals.

6. Health and safety, including workplace health and wellbeing:

For example, what contributions have you made to ensuring the workplace is safe and promotes health and wellbeing for team members and/or clients.

8. Community engagement and collaboration:

For example, describe how you engage and collaborate with your community and how this benefits your patient population.

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#### **Referee Statements**

| Please attach Two (2) referee statements supporting practice and an independent observer. (Up to 150 w   | · · · · · · · · · · · · · · · · · · ·                             |  |  |  |
|--|---|--|--|--|
| Referee from Principle in the practice   |   |  |  |  |
| Another team member or colleague   |   |  |  |  |
| Conference Presentation  |   |  |  |  |
| Finalists will need to give a brief presentation at the 2023 Annual Conference (maximum of five minutes), on their role as a Practice Manager and what they have achieved in this role, in order to be selected as a finalist. |   |  |  |  |
| I agree to present at the PMAANZ annu  | ual conference  |  |  |  |
| Photo Release  |   |  |  |  |
| PMAANZ and the PMSoY sponsor may use photogra<br>award promotion. Please read the following stateme<br>your permission for this, should you be one of the fine   | nt and tick the box below to indicate                             |  |  |  |
| I grant PMAANZ and the PMSoY spons me in connection with the PMSoY awar PMSoY sponsor may use these photog electronically for such purposes as pub content.  | rd. I also agree that PMAANZ and the graphs of me in print and/or |  |  |  |
| Applicants Signature   |   |  |  |  |
| Signed:  |   |  |  |  |
| Please return completed form to: <a href="mailto:chair@pmaanz.org.nz">chair@pmaanz.org.nz</a>  |   |  |  |  |
| Nominations Close: [DATE], 5:00pm.   |   |  |  |  |

Nominations received after the [DATE] will not be eligible to be considered for the [YEAR] Practice Manager of the Year Award.