



Application Form

submission deadline: **MARCH 1st**

Submit form to:
HME Excellence Awards
P.O. Box 998
Yarmouth, ME 04096
or via fax: 207-846-0657

2009 AWARDS

Brought to you by: **HME**News

Award Category	<input type="checkbox"/> Best HME Provider	<input type="checkbox"/> Best Home Respiratory Provider	<input type="checkbox"/> Best Rehab Technology Provider
Check one		_____ % of revenues from respiratory business	_____ % of rehab revenues from power mobility
			_____ % of rehab revenues from manual mobility

Financials*
<p>1. What was your average annual rate of sales growth for the last two years?</p> <p><input type="checkbox"/> 0-5 % <input type="checkbox"/> 5-10% <input type="checkbox"/> 10-20% <input type="checkbox"/> 20-40% <input type="checkbox"/> 40-60% <input type="checkbox"/> over 60%</p> <p>2. What was your average pre-tax profit margin over the last three years?</p> <p><input type="checkbox"/> 0-5 % <input type="checkbox"/> 5-10% <input type="checkbox"/> 10-15% <input type="checkbox"/> 15-20% <input type="checkbox"/> over 20%</p>

Community Involvement	<i>Attach separate sheet if necessary</i>
<p>1. List membership, dates and leadership positions in trade groups. (i.e. AAHomecare, Northwood, NYMEP, MED, VGM)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2. List membership, dates and leadership positions in clinical associations. (i.e. NRRTS, AARC)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3. List three most significant community outreach activities in past year. Activity must be non-profit.</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Staffing
<p>1. # of years company has been under current management: _____</p> <p>2. # of employees: Full-time _____ Part-time _____</p> <p>3. # of full-time employees who left company 01/08-01/09: _____</p> <p>4. # of employees who have at least one of the following credentials: CRT or RRT _____</p> <p>5. # of employees who have at least one of the following credentials: PT/OT, ATP, ATS, RET _____</p>

Quality Control
<p>1. Note number of years accredited with the following accrediting organizations:</p> <p>ACHC _____ CHAP _____</p> <p>JCAHO _____ Other _____</p> <p>2. Do you have a dedicated compliance officer?</p> <p>Name _____ Title _____</p>

Contact Information
<p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p> <p><i>* PLEASE NOTE: All information is for judging purposes only and will be kept confidential.</i></p>

INCOMPLETE FORMS CANNOT BE CONSIDERED