

AWARD 4

The Peggy Ryan, RN, Technician Achievement Award Sponsored by STERIS Corporation

STERIS®



The Peggy Ryan, RN, Technician Achievement Award is presented to an active member of IAHCSSM to recognize outstanding achievement by a central service/sterile processing technician.

About Peggy Ryan, RN

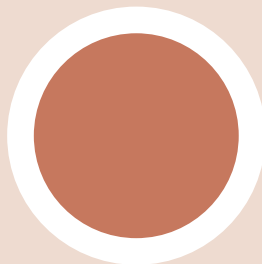
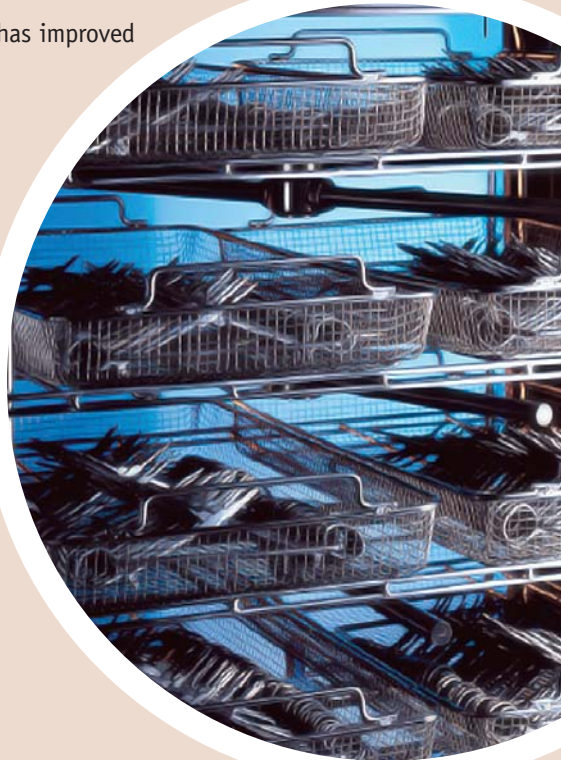
Margaret J. (Peggy) Ryan, RN, graduated from St. Luke's Hospital School of Nursing in Denver, Colorado and has had extensive experience in Emergency Room, Operating Room, Delivery Room, Central Service and Materials Management. She has worked at several hospitals in the Denver area and served as a hospital consultant for many years. She has been active in AORN and a past president of ASHCSP. She has won numerous awards and has served as a nurse consultant for several companies. She is the author of many articles, including what many consider to be the definitive article on implementing a CS/OR case cart system, as well as a renowned lecturer.

AWARD ELIGIBILITY CRITERIA: Candidates for this award must be nominated by their central service department director, manager, supervisor, or coordinator.

1. Nominee must be an active IAHCSSM member in good standing for a minimum of one year;
2. Must have been employed in the field of CS/SPD for a minimum of three years at the time of nomination, documented by a letter from human resources or the department manager;
3. Have developed, instituted and exhibited a workable, documented concept that has improved central service functions and operations;
4. Documentation must include statement of what positive outcomes occurred as a result of this concept and how other departments and/or facilities may utilize this program.

The award recipient receives \$1000 to be used to defray costs to attend the IAHCSSM Annual Conference, an engraved plaque, and a no-cost membership renewal for the next membership year. The winner will be formally presented with the award during the Awards Luncheon at the Annual Conference.

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Nomination Form

Name of Nominee: _____

Address: _____

City, State, Zip: _____

Telephone: _____ E-mail: _____

Nominator's Name _____

Title _____

Hospital _____

Hospital Address _____

City/State/Zip _____

Telephone # _____

*Applicant grants permission to IAHCSMM to reprint and distribute this submission.

Deadline: March 1

Mail to: IAHCSMM, 213 West Institute Place, Suite 307, Chicago, IL 60610

Fax to: 1-312-440-9474

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