

AWARD 5
CS Supervisor / Manager of the Year Award
Sponsored by Aesculap

AESCULAP[®]



This award recognizes a central service supervisor or manager who has made significant contributions to their facility and in advancing the C.S. profession.

AWARD ELIGIBILITY CRITERIA: Candidates for this award must be nominated by an IAHCSSM member, an affiliated chapter member, or an administrator in their facility.

1. Candidate must be an active member of IAHCSSM in good standing for a minimum of five years and must have been employed in the field of CS/SPD for a minimum of 10 years.
2. Must have consistently demonstrated contributions to:
 - Customer relations;
 - Facility wide operational/financial performance;
 - Overall value of Central Service as a profession;
 - Education and training;
3. Have attended an IAHCSSM annual conference in the last three years;
4. Documentation must include a typewritten narrative explaining why the candidate is deserving of this award, no more than three single-sided, double-space pages.
 - Narrative must contain examples of how candidate consistently demonstrated contributions to customer relations; facility wide operational/financial performance; overall value of CS as a profession; or other educational training.
5. Provide at least two but no more than three letters of support and recommendation from peers, community health professionals, former or current central service employees, managers or administrators. Letters should be two pages or less in length.
6. Include candidate's resume (maximum of 2 pages)

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. In addition, a press release acknowledging the award winner and an announcement letter will be sent to the award recipient's hospital administrator, and the winner will be recognized in the IAHCSSM bi-monthly magazine *Communiqué*.

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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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