



CSSD SUPERVISOR / MANAGER OF THE YEAR AWARD

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AESCULAP®

This award recognizes a Central Sterile Supply Department supervisor or manager who has made significant contributions to their facility and the advancement of the CSSD profession.

The recipient of this award will be recognized during the 2012 Annual Conference and Expo and will receive an engraved plaque plus \$1,000 toward expenses to attend and accept the award. 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*.

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 CSSD for a minimum of 10 years.
2. Must have consistently demonstrated contributions to:
 - Customer relations;
 - Facility wide operational/financial performance;
 - Overall value of CSSD 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.
5. Narrative must contain examples of how candidate consistently demonstrated contributions to customer relations; facility wide operational/financial performance; overall value of CSSD as a profession; or other educational training.
6. Provide at least two but no more than three letters of support and recommendation from peers, community health professionals, former or current CSSD employees, managers or administrators. Letters should be two pages or less in length.
7. Include candidate's resume (maximum of 2 pages).

(over)



CSSD Supervisor / Manager of the Year Award Nomination Form

Name of Nominee: _____

Title: _____

Place of Employment _____

Address _____

City/State/Zip _____

Telephone: _____ E-mail: _____

Nominated by: _____

Title: _____

Place of Employment _____

Address _____

City/State/Zip _____

Telephone: _____ E-mail: _____

Deadline: February 1

Mail to: IAHCSMM, 213 West Institute Place, Suite 307, Chicago, IL 60610 • Fax to: 1-312-440-9474

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