



## CONFIDENCE BUILDER AWARD

Sponsored by



The Confidence Builder Award recognizes a **Central Sterile Supply team** that is building confidence within their organization with programs that empower the team and the hospital to deliver the best in patient outcomes.

To enter, tell us what your team is doing to build confidence within your CSSD to deliver the best in Sterilization Processing. Examples of this could be education programs or events, team building activities, mentoring programs, improving policies and procedures, training (including manufacturer in-services on proper handling, etc.) and other key initiatives for the CSSD staff.

**The winning team will be recognized during the 2012 IAHCSMM Annual Conference and Expo and will receive:**

- **A \$1,000 educational grant from Kimberly-Clark**
- **Healthcare industry and local community recognition through news releases and features in IAHCSMM's *Communiqué* magazine and in the Kimberly-Clark Wrap Sheet e-newsletter.**
- **A commemorative Confidence Builder Award plaque.**

### AWARD ELIGIBILITY CRITERIA

- Nominations for this award must be submitted by an IAHCSMM member, an affiliated chapter member, or an administrator in their facility.
- Complete the Official Entry Form (found on the reverse of this page). Be sure to include names of the team manager/supervisor and all participants.
- Include a brief written description (one page or less) of the Confidence Building program or initiative and include results achieved to date. (Include photographs, video-clips or supporting documents if available.)
- Applications will be scored based on innovation and impact of the program in building CSSD team confidence and capability.
- Only programs or activities begun or completed between January 1, 2011 and December 31, 2011 are eligible for consideration.

(over)



## Confidence Builder Award Nomination Form

**Title of Entry:** \_\_\_\_\_

Participating Department(s): \_\_\_\_\_

Hospital \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Submitted by (name):** \_\_\_\_\_

Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Names/titles of all program participants:**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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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