

AWARD 2

Ruth Anne Brooks, RN, Past President's Award Sponsored by IAHCSSM



Award an outstanding paper on the challenges and developments to the Central Service progression, sponsored by IAHCSSM.

About Ruth Anne Brooks, RN, Past President

Ruth Anne Brooks, RN, CRCST served as IAHCSSM President from 1993-1995. Ruth Anne served on the IAHCSSM Board of Directors for many years and was President of the Delaware Valley Chapter. Ruth Anne was Director of Material Central Service at the Medical Center of Delaware in Newark, Delaware until her death in 1997. In 1994 while serving as IAHCSSM President, Ruth Anne worked with Robert Mood, ASHCSP President, to oversee a committee that formulated and published the first joint position paper entitled "Reprocessing Medical Devices."

The Award provides the following: One thousand dollars (\$1,000) toward expenses to enable the winner to attend the immediate Annual Meeting to accept this award.

Criteria for Applicants:

1. Authors must be Active Members of IAHCSSM
2. Previously published papers will not be considered for this award

Criteria for Papers:

1. Papers must contain original work
2. Topics must relate to the healthcare setting. Research undertaken by the author is desirable, and must be performed within the same calendar year
3. Successful submissions for Fellowship may be considered for this award
4. Papers must be presented in essay form

Format:

1. Papers must be not less than 2000 words in length
2. References must be given in standard citation form
3. Paper may be typed, double-spaced on 8½ x 11 inch, white bond paper, with one inch margins, or sent on PC compatible disk with printout
4. The author's name, address and telephone number must appear on the title page; author's initials must appear in the lower left-hand corner of all other pages. Pages must be numbered
5. All submissions must include a vitae sheet on the author

Judging:

1. All papers will be judged by the past President's Committee of IAHCSSM
2. The winner will be informed by IAHCSSM prior to the Annual Meeting
3. Receipt of all submissions will be acknowledged by IAHCSSM headquarters

(over)





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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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