The Confidence Builder Award recognizes a Central Service 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 CS to deliver the best in instrument processing. Examples 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 CS staff.

The winning team will be recognized during the 2015 IAHCSMM Annual Conference and Expo, and will receive:

• A $1,000 educational grant from Halyard Health
• Healthcare industry and local community recognition through news releases and features in the Halyard Health Wrap Sheet e-newsletter.
• A commemorative Confidence Builder Award plaque.

AWARD ELIGIBILITY AND SUBMISSION CRITERIA

• Nominations for this award must be submitted by an IAHCSMM member, an affiliated chapter member, or an administrator in their facility
• The Confidence Builder Award Nomination form just be completed and returned with the required submission documents. 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 CS team confidence and capability
• Only programs or activities begun or completed between January 1, 2014, and December 31, 2014, are eligible for consideration
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: ____________________________________________________________________
Email: _______________________________________________________________________

Names/titles of all program participants: __________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Deadline: February 1, 2015

Mail: IAHCSMM, 55 West Wacker Drive, Suite 501, Chicago, IL 60601
Fax: 312.440.9474
Email: awards@iahcsmm.org
Online: www.iahcsmm.org/about/awards.html

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