

ABOUT THE AWARD

Individuals may nominate themselves or someone else for this award.

The Golden Slipper for Service Excellence Award is based on a story about a patient who lost his favorite slippers in the hospital and had them replaced by a caring healthcare professional who searched for, located and purchased a new pair of identical slippers for the patient. This award recognizes a Sterile Processing (SP) professional who demonstrated exceptional service within the healthcare facility that went beyond the traditional scope of their role.

Nominees will be evaluated on a typewritten essay that explains the nature of the service and how it positively affected another individual, department or patient.

The recipient of this award will be recognized during the 2023 HSPA Conference, and will receive an engraved plaque and a monetary award in the amount of \$1000.

Please note: a person may not be the recipient of this award for two consecutive years.

SECTION 1: **NOMINEE INFORMATION**

Name: _____

Title: _____

Facility: _____

Facility Address: _____

Facility City/State/Zip: _____

Facility Telephone: _____

Facility Email: _____

SECTION 2: **NOMINATOR INFORMATION** (if different from Nominee)

Name: _____

Title: _____

Facility Telephone: _____

Facility Email: _____

SECTION 3: **ELIGIBILITY REQUIREMENTS**

Please confirm the nominee's eligibility by checking the boxes below and attesting to their eligibility:

- Nominee has been an active member of HSPA in good standing for at least one year

SECTION 4: **DOCUMENTATION REQUIREMENTS**

Nominations for this award must include the following:

- A typewritten essay explains the nature of the service and how it positively affected another individual, department or patient (beyond the normal scope of the individual's role).
- If completing a **self-nomination**, you must supply a supporting letter of recommendation from a supervisor, manager, director or administrator within the facility.

SECTION 5: **SUBMISSION OF APPLICATION AND SUPPORTING DOCUMENTS**

Please submit this application and supporting documents to:

Mail: **HSPA**
c/o Awards Committee
55 West Wacker Drive, Suite 501
Chicago, IL 60601

Fax: **312.440.9474**
Email: **awards@myhspa.org**
Online: **www.myhspa.org/membership/awards.html**

DEADLINE: FEBRUARY 15, 2023

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