TECHNICIAN ACHIEVEMENT AWARD

ABOUT THE AWARD

Individuals may nominate themselves or someone else for this award.

This award recognizes a Sterile Processing (SP) technician who has made significant improvements in the function and operation of their department. The Technician Achievement Award was established in honor of Margaret J. (Peggy) Ryan, RN, for her years of leadership to the SP profession and her dedication to advancing the profession.

Nominees will be evaluated on a written description that outlines an improvement(s) the technician made that has benefited SP functions and operations, or led to other positive outcomes within the department or facility.

The recipient of this award will be recognized during the 2026 HSPA Conference, and will receive an engraved plaque and a monetary award in the amount of $1,000.

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: _____

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
- ☐ Nominee has been employed in the SP field for a minimum of three years
- ☐ Technician is actively working in the department

SECTION 4: **DOCUMENTATION REQUIREMENTS**

Nominations for this award must include the following:

- ☐ Brief written description of the improvement(s) the nominee/technician made that has benefited SP functions and operations, or led to other positive outcomes within the department or facility
- ☐ Optional supporting documentation of positive outcomes that were a result of the improvements implemented by the nominee/technician
- ☐ At least two letters of recommendation from current or former SP employees, managers, administrtors or other healthcare professionals. Note: No more than four letters will be reviewed.

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**

DEADLINE: JANUARY 23, 2026