



**NORTH CAROLINA ASSOCIATION
FOR
HOSPITAL CENTRAL SERVICE
PROFESSIONALS**

2017 AWARD APPLICATION FOR

**JO PERKINS
VENDOR AWARD**

1. **Name of Vendor:** _____
2. **Address of Business:** _____
3. **Telephone Number of Business:** _____
4. **Total Number of Years in Business of Central Service Profession:** _____
5. **Is nominee a member of NCAHCSP organization?** _____

On a separate sheet of paper describe any supporting facts listed in this nomination form as to why this nominee vendor should be chosen to receive:

Jo Perkins Vendor Award

Nominator Signature: _____ **Date:** _____

Nomination for this award must be post marked by February 28, 2017 & mailed to:
Cheryl Bean, RN
Chief Sterile Processing Serervice
W.G. "Bill" Hefner Medicalal Center (118)
1601 Brenner Avenue
Salisbury, NC 28144

JO PERKINS VENDOR AWARD ELIGIBILITY CRITERIA

The nominee of this award will have demonstrated great contributions to the Central Service profession. NACHCSP member(s) will submit nomination form for Jo Perkins Vendor Award. The recipient will be selected by NCAHCSP Board of Directors.

Award Eligibility Criteria:

- A) Associate member of NCAHCSP Association
- B) Provided education & training of Central Service staff members @ the Local & or National level. (Must include NCAHCSP Association)
- C) Include any current & or previous outstanding services & or contributions dedicated to NCAHCSP Association.
- D) Served as a role model or resource available to the Central Service Profession at the facility level & local levels.

Note:

Vendors may receive this award one time only.

- 1) *The recipient of this award will be recognized during NCAHCSP Annual Meeting Award Ceremony.*
- 2) *Recipient will receive an engraved plaque.*