



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

**2017 AWARD APPLICATION  
WILLIAM B. DENNIS MEMORIAL MERIT AWARD**

1. Name of Nominee: \_\_\_\_\_
2. Title: \_\_\_\_\_
3. Name of Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Supervisor / Manager: \_\_\_\_\_
4. Is the nominee's principal duty within Central Service? \_\_\_\_\_
5. How many years has this person worked in Central Service? \_\_\_\_\_
6. List ideas for improvement which this nominee has initiated in your Central Service Department: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Briefly describe the ideas listed in number 6. (May use separate pages.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. List in-service classes' nominee has attended within the last two (2) years. Indicate which were initiated by the nominee with an asterisk. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

