



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

2012 AWARD APPLICATION

**WILLIAM B. DENNIS MEMORIAL MERIT AWARD
RAY MANNING, Sr, ACHIEVEMENT AWARD
JOE STANLEY MEMORIAL 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. _____

