



ASPHP 2026 SPHM Executive Award Nomination Form

This award aims to recognize an individual who has demonstrated Executive focused efforts and/or results to promote safe patient handling and mobility (SPHM) within their Facility or System. Someone who has made a meaningful impact through dedicated service and leadership and achieved measurably improved outcomes deserves to be identified and acknowledged by their peers.

Minimum criteria to apply:

Nominees must be a Chief or Executive working within the C-Suite at their organization and a minimum of 2 years of engagement within their program. They must have one certified individual through ASPHP employed within your organization. All data and documentation must come from one (1) facility except information related to promotion or collaboration. Those applicants that oversee multiple facilities or networks must select one facility that is the best example of their work for all data and documentation. Information from multiple facilities will be rejected.

Please complete the Nomination Form below along with a detail description of your work at this facility to submit for consideration as the 2026 recipient of the *Association of Safe Patient Handling Professionals Executive Award*. To the best of your ability, include information about the (5) content items listed below. Please note the specifics for each item.

Nominations will be blind reviewed by a panel of ASPHP member/judges. All judges have signed non-Disclosure agreements, so all information is protected.

The Executive Award Winner will be announced and presented during the National ASPHP SPHM Conference in March 2026. Award winners will be notified by February 2026.

SPHM Executive Award Checklist

- ☐ **Letter(s) from colleagues or SPHM Program Facilitator.**
- ☐ **Proof of SPHM Work:**
 - ☐ Budget Management
 - ☐ Policy & Procedure
 - ☐ Documented Success
 - ☐ Program Promotion/Sustainability
 - ☐ SPHM Committee
 - ☐ Other:
 - ☐ Additional Documentation to Support Application

NOTE:

It is important that the review committee receive all of your documentation in a format that makes it easy to see and understand your accomplishments. We want to ensure you get the credit for all your hard work.

- Please attach with your application a word document that is an overview of your achievements at this facility. It is highly recommended that you include any letters from your current colleagues, SPHM Program Facilitator, or others that can describe and attest to your SPHM work.**
- Please place all documentation for each separate content item listed below into individual folders clearly marked with appropriate titles, i.e., Budget Management, Policy & Procedures, Documented Success, etc.**

While you may not have documentation for every content item listed, it is important that you clearly identify each file with its relative documentation. We realize some documents may be cited more than once, please clearly identify them under the appropriate category. You may provide a (1) page narrative for each content file if necessary. All applications and associated documents will be submitted electronically to info@asphp.org by December 31, 2025.

APPLICANT INFORMATION

A. Name:

B. Title:

C. Name of Facility:

D. Name of Health System (if applicable):

E. Years of Experience in C-Suite:

F. Years of Experience in SPHM:

G. Years of Experience Working in SPHM at this Facility:

H. List the name(s) and credential(s) of ASPHP certified individuals at this facility:

1. EVIDENCE FOR SPHM PROGRAM DEVELOPMENT + IMPLEMENTATION + SUSTAINABILITY

A. Budget Management

Please describe and submit supporting documentation about the SPHM budget process at your facility and your role in that process. Please include any SPHM equipment acquisitions and/or upgrades to your program that you have sponsored.

☐ SPHM Budget Process Description

Title of Document:

☐ SPHM Equipment Procurement Success

Title of Document:

B. Policy & Procedure

Please submit your facility's SPHM policy and any unit specific procedures you deem relative to this issue that demonstrate your organizational readiness and application of best practices in this area. Policy content may include:

- ✓ Statement of purpose
- ✓ Goals
- ✓ Risk assessment and prioritizing
- ✓ Control selection and implementation
- ✓ Education and training
- ✓ Staff involvement
- ✓ Roles and responsibilities

☐ SPHM Policy

Title of Document:

☐ SPHM Unit Specific Procedures

Title of Document:

C. Documented Success

Please submit any examples of your success during the time you have overseen the SPHM program at your facility as an Executive. Examples may include, but are not limited to successful promotional campaign, personal involvement/advocacy, etc. Please include supportive documentation including graphs and charts with trending lines. You may submit up to 4 examples.

- ✓ reduction in SPHM related injuries and costs
- ✓ overall improvement in compliance
- ✓ equipment acquisition and installation, training and
- ✓ champions in every unit
- ✓ successful promotional campaign, etc.
- ✓ personal involvement/advocacy and commitment to program
- ✓ SPHM Committee Activity/ Leadership
- ✓ Training Compliance Ex: (new-hire training, post-incident training, annual training, etc.)

Please include supportive documentation that may include videos, presentations, letters from your C-suite/others when available.

☐ Documented Success Example 1

Title of Document:

☐ Documented Success Example 2

Title of Document:

- ☐ Documented Success Example 3

Title of Document:

- ☐ Documented Success Example 4

Title of Document:

D. Program Promotion/Sustainability

Please describe your role as SPHM advocate within your facility. Describe any promotional items that you use at your facility to enhance and sustain your SPHM program, both internally as well as any items used externally. Here you may include equipment procurement, newsletters, capital committee support, and any collaborative efforts with other facilities.

- ☐ Documented Advocacy

Title of Document:

- ☐ Documented Advocacy

Title of Document:

E. SPHM Committee

Please describe your role and support in detail of any SPHM committees you have at your facility. Please include any other related committees that you tie safe patient handling to, such as, falls, pressure injury, strategic planning, value analysis, architecture, etc.

- ☐ SPHM Committee Support

Title of Document:

Date:

NOMINATOR'S INFORMATION

Nominator's Name: _____

Relationship to Nominee: _____

Nominator's Email Address: _____

Nominator's Phone: _____