



2026 SPHM Facilitator Award Nomination Form

This award aims to recognize an individual who has demonstrated 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 CSPHP or CSPHC certified and have direct oversight of the SPHM program at their facility for a minimum of three (3) years. 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 Facilitator Award. To the best of your ability, include information about the (7) 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 awardee will be notified before the March 2026 ASPHP National SPHM Education Event.

SPHM Facilitator Award Checklist

- ☐ Letter(s) from supervisor / manager, administrator or other colleagues
- ☐ Proof of SPHM work:
 - ☐ Budget Management
 - ☐ Policy & Procedure
 - ☐ Documented Success
 - ☐ Training Program
 - ☐ Example of Risk Assessment
 - ☐ Program Promotion/Sustainability
 - ☐ SPHM Program Leadership/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.

1. APPLICANT INFORMATION

Name

Title

Certification

Name of Facility

Name of Health System (if applicable)

Years of Experience in SPHM

Years of Experience working in SPHM at this Facility:

2. 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.

☐ 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 knowledge 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 been in charge of the SHM program at your facility. Examples may include, but are not limited to successful promotional campaign, etc. Please include supportive documentation when available. 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.

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. Training Program

Please describe your SPHM training program at all levels (new-hire training, post-incident training, annual training, etc.). Please provide any supportive documentation for each type of training such as presentations, training curriculums, lesson plans etc. and frequency of these training programs.

- ☐ Summary of SPHM Training Program

Title of Document:

- ☐ Training Curriculums/Lesson Plans

Title of Document:

- ☐ Other:

Title of Document:

E. Example of Risk Assessment

Please describe and provide documentation of any SPHM risk assessment performed at your facility. Include items such as, equipment inventory lists, how often, who evaluates the data, any After Action Reports (AAR) or root cause analysis generated, committee involvement, etc..

- ☐ Copy of Sample Risk Assessment (de-identified report)

Title of Document:

F. Program Promotion / Sustainability

Please 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 any collaborative efforts with other facilities.

- ☐ Copy of Internal / Collaborative Promotional Activity Flyer

Title of Document:

- ☐ Copy of External Promotional Activity Flyer

Title of Document

G. SPHM Program Leadership / Committee

Please describe in detail any SPHM committees you have at your facility and your role in any of these committees. Include items such as how often you meet, makeup of the committee- are they intra- disciplinary in their structure, regular agenda items, etc. Please include any other related committees that you participate in such as falls, pressure injury, strategic planning, value analysis, architecture etc.

☐ SPHM Committee Description

Title of Document:

☐ Proof of Participation in Other Quality / Patient Safety Improvement Committees

Title of Document:

Date

3. NOMINATOR'S INFORMATION

Nominator's Name: _____

Relationship to Nominee: _____

Nominator's Email Address: _____

Nominator's Phone: _____