



ASPHP 2026 SPHM Warrior Award Nomination Form

The SPHM Warrior Award is presented in recognition of a frontline caregiver's special skills, dedication and commitment to Safe Patient Handling and Mobility (SPHM) in the delivery of outstanding direct patient care and leadership.

WARRIOR: a brave or experienced soldier or fighter.

Eligibility: Any Registered Nurse, Nurse's Aide, Therapist, Assistant, Transporter or other patient care personnel providing direct patient care, employed in their role for at least two years who exhibits behaviors exemplifying nationally recognized best practices for SPHM.

Process: Any employee, physician, patient or volunteer may nominate. Please note that the nomination form can be for yourself or you may nominate someone else. Recipients will be selected on the basis of evidence provided by completion of the nomination eligibility criteria.

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

Please complete the nomination form citing specific examples on how the nominee impacted patients and staff. Answer each question completely, providing specific examples and descriptions as requested. When possible, provide quantitative data to support examples. If more space is required, please attach any additional sheets as needed. Clearly identify any additional attachments. Nominations will be blind reviewed by a panel of ASPHP member/judges. All judges have signed non-Disclosure agreements, so all information is protected.

NOTE:

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

- **All attachments should be in a Word, PDF or Excel**
- **All recommendation letters should be signed and dated**
- **Include any awards, achievements or other information that exemplifies the nominees SPHM Warrior Status!**
- **Some documents may overlap with multiple criteria. Please note any overlap on the nomination form below in the example space provided**

While you may not have documentation for every content item listed, it is important that you clearly identify each file with its relative documentation. All applications and associated documents will be submitted electronically to info@asphp.org by December 31, 2025.

1. APPLICANT INFORMATION

- A. Nominee's Name: _____
- B. Title/Credentials: _____
- C. Name of Facility: _____
- D. Unit or Department: _____
- E. Your Name: _____
- F. Relationship to Nominee: _____
- G. Your Email Address: _____
- H. Nominee's Email Address: _____
- I. Your Phone: _____

3.

2. Nominee's Application-

A. Nominee's Profile

Briefly describe the roles and responsibilities of the nominee (title, job description, committee membership, trainer/educator, length of time in SPHM, etc.).

☐ Nominee's Bio/Employment Information

Title of Document: _____

B. Safe Patient Handling & Mobility Warrior Documentation

1. Describe how this nominee has embraced Safe Patient Handling and Mobility in their facility: (Why has this person stood out as deserving of the SPHM Warrior Award)

☐ Example 1

Title of Document: _____

☐ Example 2

Title of Document: _____

2. Provide examples of how this nominee has identified themselves as the SPHM Champion on the unit/facility by embracing nationally recognized best practices. (i.e. data showing reduction in injuries, examples on how they have changed the staff/patient outcomes, examples of culture or safety changes they have impacted...)

☐ Example 1

Title of Document: _____

☐ Example 2

Title of Document: _____

3. Provide any example where this nominee has made a change in daily practice and/or made a difference in patient care or examples of contributions to the SPHM program in the facility. (i.e. Demonstrates a culture of safety, initiated implementation of equipment, promoted SPHM programming)

☐ Example 1

Title of Document: _____

☐ Example 2

Title of Document: _____

C. Recommendation Letters

Include a minimum of two recommendation letters. One must be from a supervisor/manager and one from coworkers on the impact this individual has on the facilities SPHM program.

☐ Supervisor Letter 1

Title of Document: _____

☐ Letter 2

Title of Document: _____

☐ Letter 3

Title of Document: _____

Date: _____

3. Nominator's Information

Nominator's Name: _____

Relationship to Nominee: _____

Nominator's Email Address: _____

Nominator's Phone: _____