



Carolinas Society for Healthcare Education and Training

Promoting a learning community among healthcare educators

Award Application

Name of Nominee: _____

Title: _____ email: _____

Employer / Address: _____

Nominee's present position in healthcare education: _____

Please Check Award:

- ◇ **Jumpmaster Award** (A member of CSHET for less than three years, immediately "jumped in" and gotten involved in CSHET through committees, holding office, recruiting, or other key contributions.)
- ◇ **Sandi Hargette Excellence in Practice Award** (Member of CSHET for who has made a significant contribution through a special program or project, publication, research, or other practice having significant impact in the field of healthcare education.)
- ◇ **Scholarship Award** (Member of CSHET currently registered as a student in an accredited degree or certificate program in healthcare education. The member needs to show proof of student status.)
- ◇ **Billie Routh Award** (A member of CSHET for at least three years; demonstrate resourcefulness and innovation in healthcare education; demonstrate a commitment to education of healthcare employees, patients, and/or community.)

Explain why you believe this person should receive this award:

Justification for Nomination (may attach additional page)

Nominated by: _____ Date: _____ email: _____

Organization: _____ Telephone: _____

Please return completed form (email, eFax, mail) by **March 1, 2012** to:

Serene Clontz

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