

# The Gerry Haynes Memorial Award for Excellence in Hospital Infection Control

Texas Society of Infection Control & Prevention

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**ELIGIBILITY:**

Any individual who is a member of TSICP and working in infection control and prevention may be nominated.

**GUIDELINES FOR SUBMISSION OF NOMINEE:**

The recipient will be recognized for accomplishments over and above the normal job description of an Infection Control Preventionist. Preference will be given to candidates whose contributions positively impact infection control and prevention practices statewide. These contributions should be clearly described below.

Nominee: \_\_\_\_\_

Title: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**EDUCATIONAL BACKGROUND: (Degree, Certificates, Infection Control Preparation)**

\_\_\_\_\_  
\_\_\_\_\_

**INFECTION CONTROL & PREVENTION EXPERIENCE:**

\_\_\_\_\_  
\_\_\_\_\_

**AFFILIATIONS WITH PROFESSIONAL ORGANIZATIONS:**

\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY SERVICES ACTIVITIES**

\_\_\_\_\_  
\_\_\_\_\_

**OUTSTANDING ACCOMPLISHMENTS:** Present in detail outstanding accomplishments (ie. innovative project, professional contribution to the field of infection control, improvements on infection control practices in Texas, etc.) This information should be concise, but specific enough to demonstrate excellence in practice.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SUBMITTED BY:**

NAME: \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RETURN TO:  Doris Kraft, Executive Director, TSICP, ,P.O. BOX 341357, AUSTIN, TEXAS 78734 OR FAX 512-402-1875 OR email: <a href="mailto:dkraft_1@msn.com">dkraft_1@msn.com</a>
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