

Brought to you by:



2025 SPHM Technology Innovation Award NOMINATION FORM

Contact Name for Nomination (Vendor or End User):

Phone Number:

Email Address:

Name of the Technology Nominated:

Company that Sells/Manufactures Technology:

Company Contact Name:

Phone Number:

Email Address:

Briefly describe the technology:

Provide a link to the product online (if available):

Is this technology:

New technology

Modification on an existing technology

New or existing technology modified for a different patient group.

What patient group is the nominated technology focused to.

Acute Care

Long Term Care

Home Health Care

Doctors Office

Other (please state)

**Please briefly explain each of the following as it relates to the technology nominated.
Include all relevant details you would like considered.**

What problem does the technology solve?

Is the technology compatible with existing SPHM equipment (if appropriate)?

How is the technology intuitive to use?

What would you consider the lifespan of the technology?

Any other information you would like to be taken into consideration

Please return your completed nomination form to info@SPHMjournal.com no later than October 31st, 2025.