CPhA California Friend of Pharmacy Nomination Form

This distinguished service award is to recognize any individual who has shown outstanding devotion and service to the profession of pharmacy in California. The nominee should have contributed to, supported, and/or advanced the profession of pharmacy; and should have participated in professional, educational, political and/or community affairs related to pharmacy practice. The nominee need not be a member of CPhA nor a pharmacist.

Candidate’s Name
______________________________________________

Employer:
______________________________________________

Address:
______________________________________________

City: ___________________________ State: _____ Zip: __________
Business telephone: _______________ Home telephone: _______________

E-mail: ____________________________________________

Nominator’s Name
______________________________________________

Employer:
______________________________________________

Address:
______________________________________________

City: ___________________________ State: _____ Zip: __________
Business telephone: _______________ Home telephone: _______________

E-mail: ____________________________________________
Please provide the names and contact information for up to 4 individuals who will be writing letters of recommendation on the candidate’s behalf.

**Recommender's Name:**

Employer:

Address:

City: __________________________ State: _____ Zip: _________

Business telephone: ______________ Home telephone: ______________

E-mail:

______________________________________________________________

**Recommender's Name:**

Employer:

Address:

City: __________________________ State: _____ Zip: _________

Business telephone: ______________ Home telephone: ______________

E-mail:

______________________________________________________________

**Recommender's Name:**

Employer:

Address:

City: __________________________ State: _____ Zip: _________

Business telephone: ______________ Home telephone: ______________

E-mail:

______________________________________________________________
Nomination Form

Recommender's Name:_______________________________________________________________

Employer:______________________________________________________________________

Address:_______________________________________________________________________

City: __________________________ State: _____ Zip: ________________

Business telephone: _______________ Home telephone: ____________________________

E-mail:________________________________________________________________________

Nominations for the California Friend of Pharmacy Award must be accompanied by:

☐ Nomination form (form must be filled out completely)
☐ Curriculum Vitae (CV)
☐ Letter of nomination from the nominator
☐ Up to 4 letters of recommendation.

Letters should address the criteria and provide specific examples of how the candidate has made significant, influential and sustained contributions to pharmacy practice in California. Letters may be submitted from CPhA members and non-members.

Deadline to submit an application is July 14, 2019.

Please email completed nomination packets to jpage@cpha.com.

Completed packets can also be mailed to:

Awards Committee
c/o California Pharmacists Association
4030 Lennane Drive
Sacramento, CA  95834