California Pharmacy Hall of Fame
Nomination Form

The California Pharmacy Hall of Fame recognizes individuals who are, or have been, an inspiration to the practice of pharmacy in California, as exemplified by, but not limited to, the following:

- a long and distinguished history of service,
- achievement in several arenas, character, innovation, trend setting and altruism.

Any individual who has been an inspiration to the practice of pharmacy in California is eligible for nomination. The nominee need not be a CPhA member or a pharmacist.

The nominator need not be a CPhA member. Self-nominations are not accepted.

**Candidate's Name**

___________________________________________

Employer:

___________________________________________

Address:

___________________________________________

City: __________________________ State: _____ Zip: __________

Business telephone: _________________ Home telephone: __________________

E-mail:

___________________________________________

**Nominator's Name**

___________________________________________

Employer:

___________________________________________

Address:

___________________________________________
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: __________________________
Recommender's Name:______________________________________________________________

Employer:_______________________________________________________________________

Address:________________________________________________________________________

City: ____________________________ State: _____ Zip: __________

Business telephone: _______________ Home telephone: _____________________________

E-mail: _______________________________________________________________________

Nominations for the California Pharmacy Hall of Fame 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 January 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