Excellence in Innovation Nomination Form

This award recognizes a CPhA member pharmacist that is directly involved in a project or practice of pharmacy that has either:

- Significantly improved patient care,
- Added to the scope of pharmacy practice,
- Created a new type of pharmacy specialty,
- Introduced a concept that has altered the view of the pharmacist,
- Invented a new chemical composition, method of delivery, raw material or machinery related to the field of pharmacy.

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:
CPhA Excellence in Innovation Nomination Form

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Recommender's Name: ______________________________________________________________

Employer: ______________________________________________________________

Address: ______________________________________________________________

City: __________________________ State: ______ Zip: ______

Business telephone: _______________ Home telephone: _________________________

E-mail: ______________________________________________________________

Nominations for Excellence in Innovation 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