CPhA Technician of the Year
Nomination Form

This award recognizes a CPhA Pharmacy Technician for outstanding activities in the profession of pharmacy. The individual demonstrates exceptional capabilities, raising the standard of excellence within the community of pharmacy. The recipient’s vision has contributed to the profitability and productivity of their employer.

The person must be a CPhA member technician of CPhA.

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:
_____________________________________________
Nominations for the CPhA Technician of the Year 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  95835