

**CSHP NL BRANCH
NEW PRACTITIONER AWARD
NOMINATION FORM**

We,

1. _____
2. _____
3. _____ (optional)

Being members of CSHP NL Branch, hereby nominate:

To support the nomination, please provide a letter outlining how he/she is deserving of the New Practitioner Award.

Deadline: September 15

Nomination form and supporting information shall be sent to:

Barbara Thomas, Awards Committee Chair
Pharmacy Department
Waterford Hospital
306 Waterford Bridge Road
St. John's, NL A1E 4J8
Ph; (709) 777-3550 Fax: (709) 777-3921
E-mail: barbara.thomas@easternhealth.ca

