

**CSHP NL BRANCH  
LEADERSHIP IN PHARMACY PRACTICE 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 the nominee's significant contribution to the practice of pharmacy.**

Deadline: September 15, 2019

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