

**CSHP NL BRANCH
ALFRED G. DAWE AWARD OF EXCELLENCE
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 contributions to CSHP, particularly to the NL Branch. Examples of activities include: holding office on NL Branch CSHP Council (please specify position(s) held & length/dates of these terms), participation in Branch committees, task forces, etc, participation in National council, committees, task forces or other activities that have directly benefited CSHP. This letter must also include information on CSHP membership dates. (from ___ to _____)

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