**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, 2020

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