



## **CSHP NL Branch**

### **Mentorship Award Information**

#### **Purpose**

The Mentorship award is intended to recognize pharmacists who are a positive influence on students, residents and peers.

#### **Award Description**

This award will be given to a member of CSHP NL Branch who, through their dedication to teaching and mentoring, have made significant contributions to the practice of pharmacy.

#### **Selection Criteria and Process**

The nominee:

- Must be a member of CSHP NL Branch
- Should have at least three years' experience in:
  - mentoring and precepting pharmacy learners (e.g. pharmacy students, interns, residents, technicians, pharmacists)
  - participating in the training of fellow pharmacists in patient care activities, pharmacy research or pharmacy administration
- Exemplifies effective teaching and mentoring skills which motivate and encourage students, residents and peers
- Creates opportunities for learners to gain valuable knowledge and skills
- A letter accompanying the nomination form must describe clearly how the individual meets the selection criteria as outlined above
- Preference will be given to those candidates with sustained CSHP membership.

The nomination must be submitted by two individuals:



- CSHP NL Branch member or supporter (technician or student), and
- A mentee

\*\*\*\* One nominator could serve to meet BOTH criteria. If so, the 2<sup>nd</sup> nominator does not need to meet these criteria. \*\*\*\*

**\*\*\*\* Please note that non-CSHP pharmacists or students may nominate individuals for this award provided that all other criteria are met\*\*\*\***

### **Application Deadline**

Nominations shall be submitted to the Awards Committee in writing. Nominations may be submitted at any time. A call for nominations will be sent at different points during the year. Nominations received up to September 15 will be considered for the award for that calendar year. Nominations received after September 15 will be considered for the award for the next calendar year. Nominations received after September 15 will be considered for the award for the next calendar year.



**CSHP NL Branch  
Mentorship Award Nomination Form**

We,

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_ (optional)

Hereby nominate: \_\_\_\_\_

The nomination must be submitted by two individuals:

- CSHP NL branch member or supporter (technician or student), and
- A mentee

\*\*\*\* One nominator could serve to meet BOTH criteria. If so, the 2<sup>nd</sup> nominator does not need to meet these criteria. \*\*\*\*

CSHP NL Branch Member Name: \_\_\_\_\_

Mentee Name: \_\_\_\_\_

Canadian Society of  
Hospital Pharmacists



Société canadienne des  
pharmaciens d'hôpitaux

\*\*\*\* Please note that non-CSHP Pharmacists or students may nominate individuals for this award provided that all other criteria are met \*\*\*\*

To support the nomination, please provide a letter outlining how the nominee is deserving of the Mentorship Award.

Deadline: September 15 (Nominations are accepted throughout the year. Nominations received up to this date are considered for that calendar year.)

The nomination form, along with the supporting documentation, shall be sent to:

Barbara Thomas, Awards Committee Chair

Ph: (709) 687-9207

E-mail: [bthomas@nf.sympatico.ca](mailto:bthomas@nf.sympatico.ca)