Canadian Society of Healthcare-Systems Pharmacy NL BRANCH

Société canadienne de pharmacie dans les réseaux de la santé FILALE DE T.-N.-L.

CSHP NL Branch

Mentorship Award Information

Purpose

The Mentorship award is intended to recognize pharmacy professionals who have a positive influence on students, residents, and peers.

Award Description

This award will be given to a pharmacy professional who is a member of CSHP NL Branch and 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. student pharmacists or student pharmacy technicians, pharmacist or pharmacy technician interns, pharmacy residents, registered pharmacy technicians, or registered pharmacists)
    - participating in the training of fellow pharmacy professionals in areas such as (but not limited to) 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, and
- A mentee

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

**** Please note that non-CSHP pharmacy professionals 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.

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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, and
- A mentee

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

CSHP NL Branch Member Name: _____

Mentee Name: _____

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**** Please note that non-CSHP pharmacy professionals 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:

Stephanie Young, Awards Committee Chair

E-mail: swyoung@mun.ca