

The New Pharmacy Practitioner Award Nomination Form

Thank you for taking the time to nominate your colleague for the New Hospital Pharmacy Practitioner Award. After filling out this form, please email to awards.sk@cshp.ca. The application deadline is July 31, 2025. Candidates must be CSHP members.

Name of Candidate:

Date:

Maximum 5 years of experience? ☐ yes (please check)

Please describe how this candidate meets award criteria. Specifically:

- excellence in patient care
- demonstrated leadership and commitment to professional growth (e.g., publications, presentations, research, business, or academic activities)
- involvement in professional organizations
- any other notable considerations

There is no minimum or maximum word count.



Endorsement is required of three current CSHP members (including the nominator).

Nominator's name:

Nominator's CSHP member number:

email address:

CSHP member name:

CSHP member number:

email address:

CSHP member name:

CSHP member number:

email address:

This award will be presented at the annual fall AGM.