NOMINATION FORM – SCPP Award of Merit

(Please Print)

Nominee Name: __________________________________________________________

Mailing Address: ______________________________________________________________________________________

City/Prov/Postal Code: ______________________________________________________________________________________

Phone: __________________________ Email: ______________________________________________________________

Please check the following:

☐ SCPP Award of Merit Nominee is not a member of the Saskatchewan College of Pharmacy Professionals

☐ The Nominee has met the terms of reference for the SCPP Award

☐ The Nominee is aware he/she has been nominated  ______Yes  ______No

☐ Brief description of the Nominee’s contribution is attached

Please outline the contributions that the nominee for the SCPP Award of Merit has made toward the active promotion of the Saskatchewan College of Pharmacy Professionals or to the profession of pharmacy in Saskatchewan on a local, provincial, or national level.

* Additional sheets may be used.

Name of Nominator ____________________________ Signature of Nominator ____________________________

Date ____________________________ Phone Number ____________________________

Nomination Deadline – January 31
Submit to: SCPP Awards Committee
221A Albert Street, Regina, SK  S4P 4K8
or fax to: 306-584-9695  or email to: info@saskpharm.ca