



## 2008 NCPA PRESCRIPTION DRUG SAFETY AWARD

### Official Nomination Form

The NCPA Prescription Drug Safety Award recognizes a pharmacist who has served as an outreach resource to their community in the provision of education about the benefits of the correct use of prescription drug products and the hazards of their improper use.

The winner of this award will receive: an engraved commemorative plaque, travel expenses to NCPA's 110th Annual Convention, October 11-15, 2008 in Tampa, FL, accommodations for up to three nights, \$1,000 to the school/college of pharmacy of choice designated by the award recipient, and a complimentary convention registration.

Candidates for the NCPA Prescription Drug Safety Award must be an owner, manager or staff pharmacist of an independent pharmacy. Self-nominations are acceptable.

### ALL NOMINATIONS MUST BE SUBMITTED ON AN OFFICIAL NOMINATION FORM BY *July 11, 2008*

Nominee \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Pharmacy \_\_\_\_\_

Email Address \_\_\_\_\_

### NOMINEE'S PROFESSIONAL DEGREES:

B.S.                      *Where obtained:* \_\_\_\_\_                      Year \_\_\_\_\_

Pharm.D                      *Where obtained:* \_\_\_\_\_                      Year \_\_\_\_\_

M.S.                      *Where obtained:* \_\_\_\_\_                      Year \_\_\_\_\_

Ph.D.                      *Where obtained:* \_\_\_\_\_                      Year \_\_\_\_\_

Other                      *Where obtained:* \_\_\_\_\_                      Year \_\_\_\_\_



## PROFESSIONAL SERVICE

### A. Offices Held

*Please list below any offices held in NCPA and/or in state or local professional organizations.*

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### B. Committee Service

*Please list below national, state or local committee appointments held length of service, and name of the professional organization.*

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### C. COMMUNITY ACTIVITIES

*Outline any civic activities in which the nominee has been or is currently involved.*

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### D. SUPPORTING DATA

*The nominee should have served as an outreach resource to their community in the provision of education about the benefits of the correct use of prescription drug products and the hazards of their improper use. Please indicate any programs and activities in which the nominee is directly involved that demonstrate the nominee's contributions to drug safety. Press clippings, photos, etc. may be attached to this application. Any written attachments should not exceed two pages.*

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### SUBMITTED BY (Nominator):

Nominator's Names \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Relation to Nominee \_\_\_\_\_

***Please return this application by July 11, 2008 to***

**Cheron McCrae**

**NCPA Management Institute**

**100 Daingerfield Road**

**Alexandria, VA 22314**

**703-683-3619 (Main Fax)**

**703-836-7149 (Secondary Fax)**