



2009 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 111th Annual Convention, October 17-21, 2009 in New Orleans, LA, 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 10, 2009*

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.

B. Committee Service

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

C. COMMUNITY ACTIVITIES

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

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.

SUBMITTED BY (Nominator):

Nominator's Names _____

Address _____

City/State/Zip _____

Email Address _____

Relation to Nominee _____

Please return this application by July 10, 2009 to

Cheron McCrae

NCPA Management Institute

100 Daingerfield Road

Alexandria, VA 22314

703-683-3619 (Main Fax)

703-836-7149 (Secondary Fax)

Cheron.mccrae@ncpanet.org