



2009 NCPA NATIONAL PRECEPTOR OF THE YEAR

Official Nomination Form

The NCPA National Preceptor of the Year Award recognizes a pharmacist who has made a significant contribution to the education of pharmacy students as a preceptor in a community practice setting.

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 National Preceptor of the Year Award must be an owner, manager or staff pharmacist of an independent pharmacy. Preceptors may be self-nominated or nominated by a community pharmacist, school of pharmacy faculty, department heads, deans, pharmacy students or state and local pharmacy associations.

**ALL NOMINATIONS MUST BE SUBMITTED ON AN
OFFICIAL NOMINATION FORM BY *July 10, 2009***

Nominee _____

Home Address _____

City/State/Zip _____

Pharmacy _____

Email Address _____

PRECEPTOR ACTIVITIES:

Years of service as a pharmacist _____

Years of service as a preceptor _____

Number of students served per year as a preceptor _____

Adjunct faculty status YES School affiliation _____ NO

Highest professional degree _____ Year obtained _____

The nominee should have contributed significantly and consistently to the advancement of pharmacy education through services as a preceptor in a community practice setting. Much of the



applicant's success as a nominee will be based on the description of such service. Examples of this service: exceptional projects and activities conducted with pharmacy students; service to the profession through school or association committees or offices; and service to the community through civic, fraternal or religious affiliations. Please be specific and as concise as possible. Press clippings, photos, etc. may be submitted with the application as supporting evidence.

I hereby certify that this nomination is being made in good faith, the nominee is aware of this nomination and that the nominee has already been recognized by a school or college of pharmacy as a preceptor.

Name _____

Address _____

City/State/Zip _____

Phone Number _____

Email Address _____

Nominator's Signature _____

- | | |
|--|--|
| <input type="checkbox"/> Dean | <input type="checkbox"/> Student |
| <input type="checkbox"/> Department Head | <input type="checkbox"/> Preceptor |
| <input type="checkbox"/> Faculty Member | <input type="checkbox"/> Pharmacist Practitioner |
| <input type="checkbox"/> State Association Executive | <input type="checkbox"/> Other |

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**