



Signature Form for Distinguished Service Award

Name of Candidate: _____

The candidate must be nominated by three current members of the Canadian Society of Healthcare-Systems (CSHP) who hold a pharmacy degree.

“By signing this form, we, the undersigned, are endorsing this candidate and validating that they are worthy of the Distinguished Service Award and fulfill the nomination criteria.”

Name (please print):

Signature:

1. _____

CSHP #: _____

Date: _____

2. _____

CSHP #: _____

Date: _____

3. _____

CSHP #: _____

Date: _____

Completed signature forms may be returned to CSHP by mail, fax, or email.

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E-mail: awards@cshp.ca