

Canadian Society of  
Hospital Pharmacists



Société canadienne des  
pharmaciens d'hôpitaux

## Signature Form for Distinguished Service Award

**Name of Candidate:** \_\_\_\_\_

The candidate must be nominated by three current members of the Canadian Society of Hospital Pharmacists (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: \_\_\_\_\_

Please return the completed form to CSHP by mail, fax, or e-mail by **October 31, 2023** (23:59 Pacific Time).

### **For more information, please contact:**

**Robyn Rockwell**, Membership & Awards Administrator

Canadian Society of Hospital Pharmacists

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