

Signature Form for Excellence Awards

Project Title:

Name of Applicant/Nominee:

CSHP #:

Signature:

Date:

Obtain the signatures of three current CSHP Members or Individual Supporters (Pharmacists or Pharmacy Graduates, Pharmacy Technicians, Individual Supporters, or Students) who support the nomination.

“By signing this form, we, the undersigned, are endorsing this individual or team and validating that the project, protocol, process, initiative, or program is worthy of this award and fulfill(s) 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:

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