



CSHP NOMINATION FORM 2024

Instructions

The following is required to complete the nomination:

1. Signed nomination form (attached). The nominee must be a member of CSHP.
2. Nomination form must be signed by two nominators who are members of CSHP.
3. Copy of the nominee's curriculum vitae must be provided.
4. Names and contact information for two professional references, with at least one reference with direct knowledge of the nominee's CSHP experience.
5. Statement describing the nominee's reasons for seeking the position and their past involvement in CSHP (maximum two pages). The statement should indicate how the candidate's skills and experience complement CSHP's Strategic Plan and/or the criteria and competencies required for the position sought (see [Criteria and Competencies for Board Members](#) and [CSHP Strategic Plan 2020-2023](#)).

Please submit this information to the CSHP office, as follows:

1. Scan and e-mail the completed nomination form to Hira Tauqeer at htauqeer@cshp.ca
2. E-mail the nominee's curriculum vitae and statement (max. two pages) to htauqeer@cshp.ca.

Following receipt of your nomination form:

In addition to reviewing the nomination submission, the Nominating Committee may contact the reference names submitted. The Committee may also conduct supplemental checks and verifications related to information shared in nominee's CV and application statement to assess nominee's suitability for the role. Short-listed nominees will be asked to join (remotely) CSHP's Mid-Term Board Meeting on **Saturday, March 23, 2024** for an interview with Board members. Further details on this process will be provided following the nomination submission deadline date.

CSHP Nomination Form 2024

We, the undersigned members of the Canadian Society of Hospital Pharmacists, hereby nominate:

Name of Nominee: _____ **CSHP Membership #** _____

Address: _____

City: _____ **Province:** _____ **PC:** _____

Telephone: _____ **Email:** _____

For the Executive position of

President Elect

The following section must be completed and signed by two nominators who are members of CSHP:

1. _____
(Print Name) (Signature of Member)

_____ (CSHP Membership #)
(Address)

2. _____
(Print Name) (Signature of Member)

_____ (CSHP Membership #)
(Address)

The following section must be completed and signed by the nominee:

My two references for this position are:

Reference #1 Name: _____ **Reference #2 Name:** _____

Email: _____ **Email:** _____

Relationship: _____ **Relationship:** _____

(Optional) If you identify with an equity seeking group, please indicate which one(s): _____

I, _____ am a Member of CSHP and accept the nomination for the position of
(Print Name)

President Elect and all the responsibilities it involves.

(Signature)

(Date)