



## CSHP NOMINATION FORM FALL 2024

### Instructions

The following information is required to complete the nomination:

1. Signed nomination form (attached). The nominee must be a Member of CSHP.
2. Nomination form must include the endorsement of two 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. One-page statement describing the nominee's past involvement with CSHP, his/her interest in volunteering for this position, and how his/her skills complement the criteria and competencies for Executive Officers outlined in the document "Criteria and Competencies for Branch Delegates and Executive Officers".

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](mailto:htauqeer@cshp.ca)
2. E-mail the nominee's curriculum vitae and statement (max. two pages) to [htauqeer@cshp.ca](mailto:htauqeer@cshp.ca)

**Deadline for nomination submissions:  
Friday, January 19, 2024**

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 Fall 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**

**Treasurer (Finance Liaison Portfolio)**

*The following section must be completed and signed by two Members of CSHP:*

1. \_\_\_\_\_  
(Print Name) (Signature of Member)

\_\_\_\_\_ (Address) (CSHP Membership #)

2. \_\_\_\_\_  
(Print Name) (Signature of Member)

\_\_\_\_\_ (Address) (CSHP Membership #)

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

**(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)**

\_\_\_\_\_ and all the responsibilities it involves.

\_\_\_\_\_  
**(Signature)** **(Date)**