

Canadian Society of
Hospital Pharmacists



Société canadienne des
pharmaciens d'hôpitaux

Nomination Form 2023-24

Hospital Pharmacy Student Award

Co-sponsored by



Submission deadline: October 31, 2023 (23:59 Pacific Time)

Purpose and Criteria

This award is presented to an undergraduate pharmacy student who exhibits the traits of a future hospital pharmacy practitioner and has shown a commitment to hospital pharmacy practice:

- The candidate exhibits eagerness, dedication, and a positive attitude toward academic learning and the profession and practice of hospital pharmacy
- The candidate has received training in an organized healthcare setting
- The candidate has participated in the education of healthcare practitioners, the public or patients
- The candidate may have participated in voluntary CSHP and CAPSI activities
- The candidate has been endorsed by a preceptor or supervisor who can attest to their worthiness for this award through their stated contributions to hospital pharmacy

Eligibility

This award is open to any student pharmacist who is a member of both CSHP and CAPSI and is enrolled in an undergraduate pharmacy program at a Canadian university at the time the application is submitted. Only one award will be granted each year; if there are no qualified candidates, the award will not be given.

About the award

The recipient may choose to be presented at either CAPSI's Professional Development Week (PDW) or CSHP's Professional Practice Conference (PPC). The recipient will receive a framed certificate, complimentary conference registration, and travel and accommodation to attend the event.

Application Form

Completing this application form is a six-step process. All steps must be completed for the submission to be considered. Incomplete submissions will not be accepted.

Step 1: Provide your contact information and the contact information of the nominee

You may nominate yourself or someone else for this award. If you are nominating someone, please obtain their consent and complete Sections A and B. If this is a self-nomination, please skip ahead to Section B.

A. Nominator Information:

If this is a peer-nomination, the candidate's consent has been given

Name of Nominator: _____

CSHP # (if applicable): _____

Job Title: _____

Organization: _____

Email: _____ Phone: _____

Relationship to Nominee: _____

Signature of Nominator: _____

B. Applicant/Nominee Information:

To be considered for this award, the applicant/nominee must be a member of both CSHP and CAPSI and be enrolled in an undergraduate pharmacy program at a Canadian university.

Name of Applicant/Nominee: _____

CSHP # (required): _____

Pharmacy School: _____

Email: _____ Phone: _____

I certify that I am/the nominee is a current member of both CAPSI and CSHP.

Signature of Applicant/ Nominee: _____

Step 2: Provide detailed responses to these questions

- a. Describe how the candidate’s work experience in an organized healthcare setting has prepared them for future practice? Consideration will be given to experience in patient care, education, and research.

[Insert text here - 300 words max]

- b. Outline the candidate’s volunteer work and describe its impact on their future practice. Consideration will be given to experience in patient care, education, and research. Relevant volunteer work with CSHP and CAPSI can be included here if it does not apply to Section d, below.

[Insert text here - 300 words max]

- c. The candidate has shown a commitment to hospital pharmacy practice through participation in the education of healthcare practitioners, the public, or patients.

Provide the following information related to the candidate’s pharmacy-related publications and presentations (exclude entries related to course work or practicums). For each activity, please include the following information:

- i. Type: abstract, newsletter, poster, presentation, and publication
- ii. Full author citation
- iii. Status: presented, published, or in-progress
- iv. Date
- v. Audience

[Insert text here]

- d. The candidate has shown commitment to hospital pharmacy practice through voluntary participation in CSHP and CAPSI activities.

Describe the candidate's service to CSHP and CAPSI in terms of offices held and participation on committees, task forces, and working groups. For each experience, please provide the following information:

- i. Position
- ii. Dates
- iii. Organization: CSHP or CAPSI
- iv. Level: national, branch/provincial, or chapter/local
- v. Duties performed

[Insert text here]

e. What makes the student an ideal candidate for this award?

[Insert text here - 300 words max]

Step 3: Obtain the endorsement of a preceptor or supervisor

The candidate must be endorsed by their preceptor or supervisor. If the preceptor or supervisor is a non-member of CSHP, the endorsement of a CSHP Member or Individual Supporter is also required.

“By signing this form, I am/we are endorsing this candidate and validating that they are worthy of the Hospital Pharmacy Student Award and fulfill the application criteria.”

**Name of preceptor or supervisor
(please print):**

Signature:

Position Title: _____

Date: _____

CSHP # (insert if applicable, and check the box below): _____

I confirm that my CSHP dues are paid through June 30, 2024.

If the preceptor or supervisor is a non-member of CSHP, this section must also be completed:

Name of CSHP member (please print):

Signature

CSHP #: _____

Date: _____

I confirm that my CSHP dues are paid through June 30, 2024.

Step 4: Obtain a letter of recommendation from a preceptor or supervisor

The candidate’s preceptor or supervisor must submit a letter of recommendation (not exceeding 500 words) validating why the student is worthy of the Hospital Pharmacy Student Award and how the student fulfills the application criteria. The preceptor or supervisor does not to be a member of CSHP to submit a letter.

Step 5: Provide supporting documentation

Please submit a copy of the candidate's curriculum vitae (not exceeding two pages). The CV must include a summary of CSHP/CAPSI involvement.

Award details

Award submissions will be adjudicated by the CSHP National Awards Committee. A CAPSI representative will be invited to assist in the selection process. Assessment will be based solely on the information provided. In the event of a peer-nomination, additional details may be requested by the Awards Committee.

- Applications due by **October 31, 2023** (23:59 Pacific Time)
- Winner contacted in December
- Winner announced in January via website, email, and social media

Submission checklist

- All steps in the application form have been completed
- A letter of recommendation (not exceeding 500 words) from the candidate's preceptor or supervisor has been included with the submission. The preceptor or supervisor does not have to be a member of CSHP to submit a letter.
- A curriculum vitae (not exceeding two pages) which includes a summary of CSHP/CAPSI involvement.
- The completed application and supporting documentation have been submitted to CSHP by **October 31, 2023** (23:59 Pacific Time).

Step 6: Submit the completed application form and supporting documentation

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

Canadian Society of Hospital Pharmacists
30 Concourse Gate, Unit 27, Ottawa ON K2E 7V7
Phone: 613-909-9964
Fax: 844-438-9397
E-mail: awards@cshp.ca

Thank you!

For taking the time to complete this application form and gather supporting documentation. If you would like more information, please contact **Robyn Rockwell**, Membership and Awards Administrator, at rrockwell@cshp.ca or 613-909-9964.