



**Canadian Society of Hospital Pharmacists**  
**Pfizer Year 2 (Advanced) Pharmacy Residency Award Application Form**  
 Deadline for submissions: January 15, 2024 (23:59 Pacific time)

1. Nominator info (if applicable):			
This is a nominated award:		YES	NO (go directly to section 2)
Nominator Name:			
Title:			
Organization:			
Nominator Email:			
<b>NOTE:</b> Nominated awards require signatures by three CSHP members supporting the nomination.			
1.	2.	3.	
2. Award applicant / Nominee info:			
First Name:		Last Name:	
Title:			
Organization:			
Mailing Address:			
City:		Postal Code:	
Phone:		Email:	
Award applied for:			
Award applicant is CSHP Member in good standing:		YES	NO
CSHP Membership #:			
Project Title:			
<b>Please list team members below (if applicable):</b> (One digital certificate will be issued per award. All listed award recipients MUST be CSHP members)			
Name:		Email:	
1.			
2.			
3.			
Signature of applicant(s):			
Instructions for Submission:			
1. A current or former Year 2 pharmacy resident may submit one application. An applicant may <b>not</b> submit the same project multiple times.			
2. Submit the application form and stated Submission Requirements to CSHP, by e-mail at <a href="mailto:awards@cshp.ca">awards@cshp.ca</a> . <b>Please ensure all submissions adhere to CJHP guidelines</b> and include a keywords section. Non-compliant submissions may not be considered.			