



**Ontario Branch - Canadian Society of Hospital Pharmacists
Awards Program Application Form**

The Awards Committee must receive completed applications - and submission requirements - no later than July 12, 2019 at 5:30 pm (exception for Residency Awards – due August 23, 2019 no later than 5:30 pm).

1. Nominator info (if applicable):		
This is a nominated award:		
YES	NO (go directly to section 2)	
Nominator Name:		
Title:		
Organization:		
Nominator Email:		
NOTE: Nominated awards require signatures by three CSHP members supporting the nomination.		
1.	2.	3.
2. Award applicant / Nominee info:		
First Name:		Second Name:
Title:		
Organization:		
Mailing Address:		
City:		Postal Code:
Phone:	Email:	
Award applied for:		
Project Title (if applicable):		
Award applicant is CSHP Member in good standing:		
YES	NO	
NOTE 1: One framed certificate will be issued per award. Up to three individual names can be included on one certificate. This will be at the discretion of the award applicant(s) and reviewed by the awards committee chairs. All listed award recipients MUST be CSHP members.		
NOTE 2: There will be one complimentary awards night registration per award. It is up to award submitters to determine who will attend the ceremony to receive the award. Additional attendees will be responsible for registration costs.		
Please list team members below (if applicable):		
Name:		Email:
1.		
2.		
3.		
Signature of applicant:		
Instructions for Submission:		
1. An Ontario Branch member may submit for as many awards as he/she has qualifying projects. An individual project/article must be submitted for only one award (exception for residency award submissions).		
2. Submit the stated Submission Requirements to Anne Stacey, Executive Assistant, Ontario Branch CSHP, by e-mail at astacey@cshp.pharmacy .		
3. Submit the Application Form, with signatures, to Anne Stacey by email.		
4. If you are unable to submit a signed copy of the application via email, you may alternatively submit the Application Form, with signatures, to Anne Stacey by fax at 613-736-5660.		