

Give 'em a shout out!



Give someone the ultimate recognition by nominating that person for one of five annual PSW awards for pharmacists and technicians.

Nomination Form

All nominations must be fully completed and submitted to PSW by the nomination deadline in order for the nominee to be considered as a candidate for the award. All incomplete nominations will be returned to the nominator for resubmission. Nominations postmarked or date stamped after the nomination deadline will not qualify for consideration until the following year. To complete the nomination, please submit three (3) letters in support of this candidate's nomination by June 1 of the Award year. Each letter supporting a nomination should be accompanied by writer's name, work site and contact information. One letter of support can be written by the award candidate. In addition, a curriculum vitae or resume may be substituted in place of one letter of support. Each qualified nomination will be evaluated based on the award's selection criteria. Documentation supporting a candidate's nomination should highlight how the candidate has fulfilled the award's selection criteria. All awards listed below will be presented at the PSW Annual Meeting in the fall of the nomination year. For questions or for more information, please contact the PSW office at (608) 827-9200 or visit the PSW website at www.pswi.org. Please complete fully and return nomination information to PSW by **March 1** of the award year.

The award for which I am nominating a candidate:

- | | | |
|---|--|--|
| <input type="checkbox"/> Pharmacist of the Year | <input type="checkbox"/> Excellence in Innovation | <input type="checkbox"/> Interdisciplinary Care Partner Award
<i>(This award only requires 1 letter of support)</i> |
| <input type="checkbox"/> Distinguished Service | <input type="checkbox"/> Pharmacy Technician of the Year | |
| <input type="checkbox"/> Distinguished Young Pharmacist of the Year | <input type="checkbox"/> Bowl of Hygeia* | |

Candidate's Name: _____

Work site: _____

Address: _____

City: _____ State: _____ Zip: _____

Business telephone: _____ E-mail: _____

Home phone: _____

Nominator's name is a required element of a complete nomination. If nominator's name is the same as candidate's name, please indicate.

Nominator's Name: _____

Work site: _____

Address: _____

City: _____ State: _____ Zip: _____

Business telephone: _____ E-mail: _____

Home phone: _____

All nomination material should be submitted to:
Pharmacy Society of Wisconsin
Awards Selection Committee
701 Heartland Trail, Madison, WI 53717
(608) 827-9200, fax: (608) 827-9292, e-mail: info@pswi.org