

# Health-System Pharmacist of the Year Nomination

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Please comment on the applicable areas.                   | Nominee: _____<br>Address: _____ | Membership in TSHP<br>To be checked by Staff |  |
| Contribution to the profession over the past 12-24 months |                                  |  |  |
| Demonstration of Leadership                               |                                  |  |  |
| Clinical Services/Disease Management Activities           |                                  |  |  |
| Professional Activities                                   |                                  |  |  |
| Patient Education Activities                              |                                  |  |  |
| Pharmacy Staff Education Activities                       |                                  |  |  |
| Health Care Professional Educational Activities           |                                  |  |  |
| Community Education Activities                            |                                  |  |  |
| Research/Investigational Activities                       |                                  |  |  |
| Publications  |                                  |  |  |
| Specialized Training/ Advance Degrees/ Certification      |                                  |  |  |
| Why do you think this person deserves this recognition?   |                                  |  |  |

Additional Information may be attached or continued on back.

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Pager/cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Deadline for Receipt of Nominations - *April 2, 2010***  
**Return to:**  
**TSHP, 500 Church Street, Suite 650, Nashville, TN 37219**  
**Fax: 615-255-3528**

# Innovative Health-System Pharmacy Practice Award Nomination

|   |                                  |   |
|---|----------------------------------|---|
| Please comment on the applicable areas.                         | Nominee: _____<br>Address: _____ | <b>Please check category</b><br><input type="checkbox"/> 100 Beds or Less<br><input type="checkbox"/> More than 100 Beds<br><input type="checkbox"/> Other Practice |
| Advances within past 24 months                                  |                                  |   |
| Clinical Services/Disease Management                            |                                  |   |
| Patient Education Activities                                    |                                  |   |
| Pharmacy Staff Education Activities                             |                                  |   |
| Health Care Professional Education Activities                   |                                  |   |
| Community Education Activities                                  |                                  |   |
| Research/Investigational Activities                             |                                  |   |
| Outpatient Services - Average Daily Outpatient Census           |                                  |   |
| Drug Distribution (Automation/Equipment)                        |                                  |   |
| Staff Size FTEs/ Hours of Operation                             |                                  |   |
| Average Daily Census/ # of Beds, if applicable                  |                                  |   |
| Why do you think this pharmacy staff deserves this recognition? |                                  |   |

Additional Information may be attached or continued on back.

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Pager/cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

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# Health-System Distinguished Service Nomination

|   |                                  |   |  |  |
|---|----------------------------------|---|--|--|
| Please comment on the applicable areas.                       | Nominee: _____<br>Address: _____ | <table border="1"> <tr> <td data-bbox="1570 126 1829 235">Membership in TSHP<br/>To be checked by Staff</td> <td data-bbox="1829 126 1997 235"></td> </tr> </table> | Membership in TSHP<br>To be checked by Staff |  |
| Membership in TSHP<br>To be checked by Staff                  |                                  |   |  |  |
| Years in the Profession<br>(Not less than 20)                 |                                  |   |  |  |
| Contribution to<br>Improving Pharmacy<br>Practice             |                                  |   |  |  |
| Enhancement of<br>Profession's Standing                       |                                  |   |  |  |
| Research or Publications                                      |                                  |   |  |  |
| Implementation of In-<br>novative Approaches to<br>Practice   |                                  |   |  |  |
| Civic Service   |                                  |   |  |  |
| Active Membership<br>in TSHP                                  |                                  |   |  |  |
| Why do you think<br>this person deserves<br>this recognition? |                                  |   |  |  |
|   |                                  |   |  |  |
|   |                                  |   |  |  |
|   |                                  |   |  |  |
|   |                                  |   |  |  |

Additional Information may be attached or continued on back.

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Pager/cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

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|--|
| <p align="center"><b>Deadline for Receipt of Nominations - <i>April 2, 2010</i></b><br/> <b>Return to:</b><br/> <b>TSHP, 500 Church Street, Suite 650, Nashville, TN 37219</b><br/> <b>Fax: 615-255-3528</b></p> |
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