



CONSULTANT AND SPECIALTY PHARMACISTS OF MICHIGAN

## CSPM PHARMACIST OF THE YEAR AWARD NOMINATION FORM

Each year, Consultant and Specialty Pharmacists of Michigan has the honor of recognizing a member who displays professional excellence and/or exemplary service in consultant pharmacy practice. The award is presented during the CSPM Annual Meeting and Luncheon, held during the MPA Annual Convention & Exposition in February. **All nominations must be submitted by Oct. 1.**

### Criteria:

- The individual must have practiced in long-term care, home infusion or an alternate site pharmacy for a minimum of five (5) years.
- The individual must be a current member of MPA and CSPM.
- The individual may be nominated by component organizations or individual members.
- The individual may not be a current member of the CSPM Board of Directors.

### Nominee Information

Full Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

### Supporting Data

Please describe why this nominee is deserving of the CSPM Pharmacist of the Year Award. Include any programs/activities in which the nominee is directly involved in that have benefited pharmacy/consultant pharmacy. Please submit nominee's CV or bio if available. Additional information may be included by attachment.

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Nominator's Full Name: \_\_\_\_\_

Nominator's Phone Number: \_\_\_\_\_

Nominator's E-mail Address: \_\_\_\_\_

Is the nominee aware of your nomination?     Yes             No

*Please return this nomination form by Oct. 1 to: CSPM, 408 Kalamazoo Plaza, Lansing, MI 48933; e-mail to [Melody@MichiganPharmacists.org](mailto:Melody@MichiganPharmacists.org); or fax to (517) 484-4893.*