



MICHIGAN SOCIETY OF COMMUNITY PHARMACISTS

MSCP PHARMACIST OF THE YEAR AWARD NOMINATION FORM

Each year, Michigan Society of Community Pharmacists has the honor of recognizing a member who displays professional excellence and/or exemplary service to the profession toward advancing patient care in the community setting. The award is presented during the MSCP 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 community pharmacy for a minimum of five (5) years.
- The individual displays professional excellence and/or exemplary service to the community profession of pharmacy.
- The individual must be a current member of MPA and MSCP.
- The individual may not be a current member of the MSCP 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 MSCP Pharmacist of the Year Award. Include any programs/activities in which the nominee is directly involved in that have advanced community pharmacy. Please submit nominee's CV or bio if available. Additional information may be included by attachment.

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: MSCP, 408 Kalamazoo Plaza, Lansing, MI 48933; e-mail to Melody@MichiganPharmacists.org; or fax to (517) 484-4893.