



Oregon State
Pharmacy Association

2019 Award Nomination Form

Deadline: Monday, July 1, 2019

Choose from the following Awards:

- | | |
|---|---|
| <input type="checkbox"/> Bowl of Hygeia | <input type="checkbox"/> Distinguished Young Pharmacist |
| <input type="checkbox"/> Pharmacist of the Year | <input type="checkbox"/> Special Services |
| <input type="checkbox"/> Excellence in Innovation | <input type="checkbox"/> Technician of the Year |

Your name _____

Telephone _____ Email address _____

Nominee's name and address _____

Nominee's telephone _____ Email address _____

Name of spouse _____

Number of years in practice (if applicable) _____

Reason(s) for nominating this individual _____

Service in community or innovative practice _____

Professional or other organizational memberships, leadership, awards and honors

Other attributes or accomplishments you would like to mention _____

Oregon State Pharmacy Association
14925 SW Barrows Rd. Unit #3052, Beaverton, Oregon 97007
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info@oregonpharmacy.org

If you need additional space, please attach a separate page.