



NOMINATION FORM - SCP Award of Merit

(Please Print)

Nominee Name: _____

Mailing Address: _____

City/Prov/Postal Code: _____

Phone: _____ Email: _____

✓ Please check the following:

- The Nominee is **not** a member of the Saskatchewan College of Pharmacists.
- The Nominee has met the terms of reference for the SCP Award of Merit.
- Summary of Qualifications of the Nominee is outlined/attached.
 - Please outline the **contributions** that the nominee has made **toward the active promotion of the Saskatchewan College of Pharmacists or to the profession of pharmacy in Saskatchewan** on a local, provincial, or national level.
* *Additional sheets may be used.*

Name of Nominator

Signature of Nominator

Date

Phone #

Nomination Deadline – January 31st
Submit to: SCP Awards Committee
c/o Saskatchewan College of Pharmacists
700 – 4010 Pasqua Street, Regina, SK S4S 7B9
FAX to: 306-584-9695 Email: info@saskpharm.ca