

**APPLICATION FOR THE
LAUREL ROSS PHARMACY SUPPORT APPRECIATION AWARD**

Nominee's Name:

Nominee's Position:

Nominee's Hospital & Zone:

Nominator(s) Information – *Only one nominator is required.*

We, _____ and _____, being active members of NS Branch CSHP, hereby nominate the individual named above as a candidate for the Laurel Ross Pharmacy Support Appreciation Award.

Detail the candidate's contributions to hospital pharmacy practice and CSHP

1. To your knowledge, is the person you are nominating a member of CSHP? If so, please describe their involvement with CSHP:

2. How does this person demonstrate support of clinical activities and/or expanding the role of PPAs/RPTs?

3. *How does this person demonstrate a commitment to growing their own knowledge and skills?*

Signatures(s) - *Only one signature is required.*

Please return to an Awards Committee Chairperson ([Contact Information](#))
by the due date (listed on NS CSHP Awards [Website](#))