

**APPLICATION FOR THE
GAIL McGLYNN-TUTTLE MEMORIAL PRACTITIONER AWARD**

Nominee's Name:

Nominee's Address:

Nominee's Email:

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 Gail McGlynn-Tuttle Memorial Practitioner Award.

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

1. Nova Scotia CSHP Branch activity (offices held, committee involvement, special projects or task forces, etc):

2. Workplace activity (commitment to hospital pharmacy practice, involvement in the provision of a superior pharmacy service, etc):

3. Educational activity (whether for self-improvement or to assist others; include presentations and publications):

4. Contributions to the profession of pharmacy (membership in professional organizations; professional, academic, research, business or other pharmacy related experience):

a. Local (including provincial):

b. National or international, if applicable (offices held, elected or appointed positions):

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](#))