

## APPLICATION FOR ANN E. (BETTY) O'TOOLE NEW PRACTITIONER AWARD

---

Nominee's Name:

Nominee's Address:

Nominee's Email:

---

**Hospital pharmacy positions held since graduation:**

---

**Indicate category of award application:**

- CSHP leadership/contribution
  - Job interest or commitment in their area of practice
  - Both of the above
- 

### **CSHP Leadership/Enthusiasm**

*Describe applicant's involvement in CSHP since graduation. Include committee membership, elected offices, task forces or special projects or commissions. Indicate applicant's presentations, publications, or lectures that contributed to hospital pharmacy practice.*

---

**Job Commitment:**

*Describe how applicant demonstrates a high level of job commitment in their area of practice. Indicate how applicant has shown a positive influence on his or her profession.*

---

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](#))