

## APPLICATION FOR RICHARD MERRETT SPECIAL APPRECIATION AWARD

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Nominee's Name:

Nominee's Address:

Nominee's Email:

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### **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 Special Appreciation Award.

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**Provide a description of the various contributions the candidate has made to hospital pharmacy practice:**

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

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