



U.S. PUBLIC HEALTH SERVICE
Pharmacist Professional Advisory Committee
Department of Health and Human Services

United States Public Health Service
Excellence in Public Health Pharmacy Practice
Award
Fall 2008 – Spring 2009

Nomination Checklist

Please make sure you have completed a response to all areas shaded in yellow.

Student Name:

Pharmacy School/College Name:

A. Nomination Form:

Full Name of Student spelled correctly
Citation of 25 words or less
Nominator identified
Nominator phone number listed
School name

B. Nomination Narrative:

Does the narrative correspond with the criterion?
Meets one or more award criteria?

C. Presentation of Award

1. Date and Time of award presentation:

2. Location of award presentation

Street Address:

City:

State:

Phone number:

**D. Contact Person (Person that the award will be sent to) at Pharmacy
School/College:**

Name:

Title:

Street Address:

City:

State and Zip Code:

Phone Number:

Email Address:



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Student Name:

Address:

City:

State:

Zip:

Name of Pharmacy School/College:

Student's Year of Graduation:



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Proposed Citation (25 Words or less):

Nominated by:

Nominator's Title:

Street Address:

City:

State:

Zip:

Please submit the nomination package (checklist, nomination form, and nomination narrative) of the student selected for the USPHS Excellence in Public Health Pharmacy Practice Award **NO LATER THAN MARCH 6, 2009.**

The nomination package should be submitted **electronically** to:

LCDR Kristen Maves at: klmaves@scf.cc. The nomination package is in a format in which you will be able to type directly onto the pages. You should then save the document to your hard drive and then send as an attachment electronically. You will receive an e-mail confirmation of receipt of the submitted nomination package within 7 days after submission. If you do not receive confirmation, please contact LCDR Kristen Maves at klmaves@scf.cc or by phone at (907) 729-4158.



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Nomination Narrative

Please DO NOT exceed the space provided below



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