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PSNZ Pharmacist of the Year - Official Nomination Form

Year - 2024

Nominee (note nominee must be a PSNZ member)

Full Name:		
Known Name: (for medal, citation etc)		
Address:		
City:	Post Code:	
Phone:		
Email:		
PSNZ Membership Number:		
Nominated By		
Name:		
Address:		
City:	Post Code:	
Phone:		
PSNZ Membership Number:		
Email:		
If this nomination is on behalf of an organisation or group please provide details:		
Signed:	Date:	
Is the nominee aware of the nomination? \square Yes \square No		

1. WHICH OF	the following criteria does the nomination address? Select thos	se applicable
Demonst	rates excellence in professional, clinical pharmacy practice	
Practice	improves patient outcomes	
Raises the	e profile and role of the clinical pharmacist	
Provides	a model of practice that others strive to emulate	
2. Please at 500 words)	tach each of the following: (Please note items a, b and c shoul	d be a maximum of
a.	Citation: a maximum of 100 words	
b.	Details of specific activities that demonstrate "excellence in	practice"
C.	The qualities or attributes that make the nominee "stand out	from the field"
d.	Curriculum vitae (optional) to a maximum of three pages	
 At least 2 letters of endorsement are to accompany the nomination: Please note that the nomination must stand alone and all relevant material must be included with the nomination. However, letters of endorsement should confirm information in the nomination. 		
Endorser's N	ame:	
Endorser's N		
Nature of Re		
Nature of Re	elationship: tatement attached Yes	
Nature of Re Supporting s	elationship: tatement attached Yes ame:	
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Nature of Re Supporting s Endorser's N Nature of Re	elationship: tatement attached Yes ame: elationship:	
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Nature of Results Supporting s Endorser's N Nature of Results Supporting s Nomination The panel we President a The recipient	elationship: tatement attached Yes ame: elationship: tatement attached Yes ons close Tuesday 23rd of April 2024 at 4pm will meet very shortly after the nominations close and will a	