



PHARMACEUTICAL CARE PRACTICE AWARD

I nominate _____, a Pharmacy Practice group, Department or other organized group of pharmacy professionals that routinely provide pharmaceutical care as a nominee for the Pharmaceutical Care Practice Award.

The director or head of the group being nominated for this award must be a current member of USHP. This group demonstrates innovative practice encompassing the concept of pharmaceutical care in a collaborative, professional environment.

Please provide information supporting your nominee according to the criteria above. This information can be submitted on this form and/or through letters of recommendation in support of this practice group. Please indicate your professional relationship to the nominee. *Use additional paper as needed.*

Sponsor's Name: _____ phone _____

Practice Site: _____ email: _____

Please return completed nomination form on or before August 29, 2008

USHP, Nomination & Awards Committee
PO Box 58356
Salt Lake City, UT 84158-0356

Or fax to: (801) 649-3980
e-mail: nomination@ushp.org