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:
1. Full Name of Student spelled correctly
2. Citation of 25 words or less
3. Nominator identified
4. Nominator phone number listed
5. School name

B. Nomination Narrative:
1. Does the narrative correspond with the criterion?
2. 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:

United States Public Health Service
Excellence in Public Health Pharmacy Practice Award
Fall 2003 – Spring 2004

Student Name:

Address:

City: **State:**   **Zip:**

Name of Pharmacy School/College:

Student's Year of Graduation:

Proposed Citation (25 Words or less):

Nominated by:

Nominator's Title:

Street Address:

City: **State:**   **Zip:**

Please submit nomination packet (checklist, nomination form, and nomination narrative) of the student selected for the USPHS Excellence in Public Health Pharmacy Practice Award **NO LATER THAN MARCH 1, 2004.**

Nominee packets should be submitted electronically to:
LT Kristen Maves at: klmaves@anmc.org. The nomination packet 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 should receive e-mail conformation of receipt of submitted nomination packet within 7 days after submission. If you do not receive conformation please contact LT Kristen Maves at: klmaves@anmc.org or by phone at (907) 729-2159.

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<u>Nomination Narrative</u>
Please DO NOT exceed the space provided below