

**CSHP NL BRANCH
LEADERSHIP IN PHARMACY PRACTICE AWARD
NOMINATION FORM**

We,

1. _____
2. _____
3. _____ (optional)

Being members of CSHP NL Branch, hereby nominate:

To support the nomination, please provide a letter outlining the nominee's significant contribution to the practice of pharmacy.

Deadline: September 7, 2007

Nomination form and supporting information shall be sent to:

John Bautista, Awards Committee Chair
Pharmacy Department
Central West Regional Health Care Board
Grand Falls-Windsor, NL
Ph: (709) 292-2496 Fax: (709) 292- 2253
E-mail: jbautista@cwhc.nl.ca