



Professor Lucy Wan

"Outstanding Pharmacist" Award (2009)

Eligibility & Nomination Procedure

- ❖ Nominees must be registered pharmacists, member of PSS and have at least 5 years of working experience.
- ❖ Nominees must be nominated by a pharmacist and seconded by another. Self-nomination is not allowed.
- ❖ The nomination must be accompanied by a CV of the nominees as well as brief a outline of contributions made to the Pharmacy profession and to PSS.
- ❖ Nominations must be submitted on official forms by **20th April 2009**.
- ❖ Completed forms with accompanying documentation should be forwarded to:

Professor Lucy Wan "Outstanding Pharmacist" Award (2009)
Pharmaceutical Society of Singapore
Alumni Medical Centre, 2 College Road
2nd Level, Singapore 169850

Judging

Evaluation will be made by a panel of judges appointed by the PSS. The judges' decision is final. During the judging process, shortlisted nominees may be requested to meet with the panel for further assessment in early May 2009.

Presentation of Awards

The winner will be announced at a presentation ceremony in conjunction with the 20th Singapore Pharmacy Congress in July this year. The winner will receive a plaque.



PROFESSOR LUCY WAN "OUTSTANDING PHARMACIST" AWARD (2009) NOMINATION FORM

Nominee's Details

Full Name of Nominee: _____
Company: _____
Address: _____
Office Tel: _____ Handphone: _____
Email/Fax: _____
Age: _____ Sex: Male/Female* PSS Membership No: _____
Have you been nominated before: Yes/No* *Delete where appropriate

Nominee's CV & Contribution

Please enclose a copy of the Nominee's Curriculum Vitae and give a brief outline of contributions made to the Pharmacy profession and to PSS. Please be sure to include details on the nominee's professionalism, leadership and outstanding achievements on a separate sheet.

Nominator's & Secunder's Details

Nominator

Name of Nominator: _____ PSS Membership No: _____
Company: _____ Designation: _____
Office Tel: _____ Email/Fax: _____

Secunder

Name of Secunder: _____ PSS Membership No: _____
Company: _____ Designation: _____
Office Tel: _____ Email/Fax: _____

Declarations

Nominator / Secunder

To best of our knowledge, the information contained in this form, and in the enclosed documents, is accurate.

Nominator's Signature

Secunder's Signature

Nominee

The information in this form, and in the enclosed documents, is true to be the best of our knowledge. I agree to any publicity which may arise a result of the nomination.

Nominee's Signature