



Community Pharmacist Of The Year 2009



Love Life, Stay Healthy

Objectives

- ❖ To give due recognition to pharmacists who have excelled in the area of community pharmacy.
- ❖ To identify leaders/role models in this area.
- ❖ To encourage healthy competition amongst pharmacists.
- ❖ To encourage and promote excellence in the pharmacy profession.

Attributes

- ❖ The candidate is someone who mentors junior pharmacists and staff and exhibits leadership qualities.
- ❖ Is actively involved in community-based practice research/quality improvement related projects and publications are a bonus.
- ❖ Has contributed significantly to his/her organization in the area of pharmacy practice.
- ❖ Significant contributions to the PSS is a bonus.

Eligibility & Nomination Procedure

- ❖ A nomination must be made on the prescribed Nomination Form together with a Curricular Vitae of nominee.
- ❖ The candidate must be nominated by a member of the PSS, preferably from the community sector. (including Pharmacists in Polyclinic environment).
- ❖ The candidate must be a member of the PSS and must have at least three years of working experience.
- ❖ Hospital pharmacists working in a retail pharmacy in hospital are also eligible.
- ❖ Submit a letter of support / endorsement from his senior, supervisor or manager.
- ❖ Nominations must be submitted on official forms by **20th April 2009**.
- ❖ Completed forms with accompanying documentation should be forwarded to:

ICM - PSS Community Pharmacist of the Year 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 S\$1,000 in cash, free PSS membership for 1 year and a plaque.

PSS COMMUNITY PHARMACIST OF THE YEAR 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 details of his/her contributions to pharmacy practice in the community. 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