



Hospital Pharmacist Of The Year 2009

Shire

Eligibility & Nomination Procedure

- ❖ Nominees must be registered pharmacists, member of PSS have at least 3 years full-time working experience in a hospital pharmacy practice.
- ❖ Nominees must be nominated by a pharmacist and seconded by another pharmacist or a manager of a hospital pharmacist.
- ❖ Self-nomination is not allowed.
- ❖ The nomination must be accompanied by a CV of the nominees as well as reasons for the nomination stipulated by the nominator and seconder.
- ❖ Nominations must be submitted on official forms by **20th April 2009**.
- ❖ Completed forms with accompanying documentation should be forwarded to:

PSS-Shire Hospital 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-SHIRE HOSPITAL 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 hospital. Please be sure to include details on the nominee's professionalism, leadership and outstanding achievements on a separate sheet.

Nominator's & Seconder's Details

Nominator

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

Seconder

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

Declarations

Nominator / Seconder

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

Nominator's Signature

Seconder'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