



HOSPITAL PHARMACIST OF THE YEAR (2012)



Ms Winnie Lee - 2007



Ms Doreen Tan - 2008



Ms Lee Soo Boon - 2009



Ms Ng Hong Yen - 2010



Mr Yeoh Siang Fei - 2011

Eligibility & Nomination Procedure

- Nominations can only be made by a PSS member and seconded by a pharmacist or Manager of a Hospital Pharmacy.
- The nominee must be registered pharmacists and member of PSS, with at least 3 years full-time working experience in a Hospital Pharmacy practice.
- Nominations must be made on the prescribed Nomination Form, and submitted together with:
 - Curriculum Vitae of the nominee,
 - Endorsement from nominator and seconder
- All nominations must be submitted by **15 August 2012**.
- Completed forms with accompanying documentation should be forwarded to:

PSS-Shire Hospital Pharmacist of the Year 2012
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 PSS. During the judging process, shortlisted nominees may be interviewed by the panel in late August 2012. The judges' decision is final.

Presentation of Awards

The winner will be announced at a presentation ceremony in conjunction with the 22nd Singapore Pharmacy Congress in September this year. The award comprises S\$1,000 in cash, free PSS membership for 1 year and a plaque.

PSS-SHIRE HOSPITAL PHARMACIST OF THE YEAR AWARD 2012 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