

Objectives

- To give due recognition to Pharmaceutical Industry pharmacists who have excelled in the Healthcare sector.
- To identify leaders/role models in this area.
- To encourage innovations, entrepreneurship and leadership in the industry.
- To encourage and promote excellence in the industry.

Attributes

- The candidate is one who demonstrates leadership qualities and has made positive impact to his/her organization.
- Is actively involved in Pharmacy-related projects and activities.
- Made significant contributions to the Pharmacy profession.

Eligibility & Nomination Procedure

- Nominations can only be made by a member of the PSS.
- The nominee must be pharmacist and member of the PSS, with at least three years working experience, and must be from non-community and non-hospital sector (e.g., sales & marketing, regulatory, R&D, manufacturing, etc.).
- Nominations must be made on the prescribed Nomination Form and submitted with Curriculum Vitae of the nominee, highlighting his/her accomplishments.
- All nominations must be submitted by 15 August 2012.
- Completed forms with accompanying documentation should be forwarded to:

PSS – ICM Pharma Industry 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 - ICM PHARMA INDUSTRY PHARMACIST OF THE YEAR AWARD 2012 NOMINATION FORM

Nominee's Details			
Full Name of Nominee:			
Company:			
Address:	Handol		
Office Tel:		ione	
Age: Se	ex: Male/Female*	PSS Membership I	No:
Email/Fax: Se Age: Se Have you been nominated before: Y	'es/No*	·	*Delete where appropriate
Nominee's CV & Contributio	n		
Please enclose a copy of the Nomir practice in the industry. Please be soutstanding achievements on a sep	ure to include deta		
Nominator's & Seconder's D	etails		
Nominator			
Name of Nominator:			PSS Membership No:
Name of Nominator: Company:	Design	ation:	1 00 Wellibership No.
Office Tel:	Email/F	ax:	
Seconder			
Name of Nominator:			PSS Membership No:
Company:	Design	ation:	
Company: Office Tel:	Email/F	ax:	
Declarations			
Nominator / Seconder			
To best of our knowledge, the inform	nation contained ir	this form, and in the	e enclosed documents, is accurate.
Na radio atanàs Oliverativos			Occasional Oliverations
Nominator's Signature			Seconder's Signature
Nominee			
The information in this form, and in any publicity which may arise a resu			he best of our knowledge. I agree to

Nominee's Signature