

Professor Lucy Wan

“Outstanding Pharmacist” Award (2012)



Ms M K Fatimah - 2007



Dr Andrea Kwa - 2009



Mr Ng Cheng Tiang - 2008



Mr Peter Yap - 2011



Eligibility & Nomination Procedure

- Nominations can only be made by a PSS member and seconded by a pharmacist.
- The nominee must be registered pharmacists and member of PSS, with at least 10 years full-time working experience.
- Nominations must be made on the prescribed Nomination Form and submitted with Curriculum Vitae of the nominee, highlighting his/her accomplishments and contributions made to the Pharmacy profession and to PSS.
- All nominations must be submitted by **15 August 2012**.
- Completed forms with accompanying documentation should be forwarded to:

Professor Lucy Wan “Outstanding Pharmacist” Award (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 winner will receive a plaque.

PROFESSOR LUCY WAN "OUTSTANDING PHARMACIST" 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 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 & 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