

British Columbia Branch - CSHP Award Application / Nomination Form

The Awards Program of the BC Branch, CSHP is designed to recognize the achievements of the membership through a variety of awards. Detailed descriptions of the awards may vary. Please view the Branch web site at www.cshp-bc.com for details.

When submissions have more than one author, the submitting author **must** be a current CSHP member. Please specify the names and CSHP numbers for any other authors who are CSHP members. When nominating an individual for an award, please place their name as applicant and provide your name and contact address and phone number as nominator.

Name of applicant _____

Other Authors of applicable _____

Position _____

Employment Address _____

Business Phone _____ Fax: _____

E-mail _____

Education _____
(Institution / Degree / Date)

CSHP Membership # _____

Award Applied/Nomination made for _____

Project Title (if applicable) _____

Signature of applicant _____ Date: _____

Signature of nominator (if applicable) _____ Date: _____

(Include contact address, e-mail, telephone #)

Submit this form with your submission attached (if applicable) to:

Anisha Lakhani

Awards Chair, CSHP-BC Branch

Pharmacy Department – SMH

13750 - 96 Avenue

Vancouver, BC, V3V 1Z2

Fax: 604-588-5928

e-mail: anisha.lakhani@fraserhealth.ca