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# Literature Awards Program

APPLICATION NUMBER

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## -N-O-M-I-N-A-T-I-O-N---F-O-R-M-

**\*TO BE COMPLETED BY THE AWARD NOMINATOR\***

Please type or print all information

1. **AWARD CATEGORY** (please check appropriate category)

**Award for Sustained Contributions to the Literature of Pharmacy Practice**

Award Nominee \_\_\_\_\_

**Pharmacy Practice Research Award**

Nominated Article \_\_\_\_\_

**Drug Therapy Research Award**

Nominated Article \_\_\_\_\_

**Award for Innovation in Pharmacy Practice**

Nominated Article \_\_\_\_\_

**Student Research Award**

Nominated Student and Title of Research Paper \_\_\_\_\_

Publications may be nominated for consideration under only one award category. Nominators should submit ten (10) copies each of the following requirements:

1. Completed Literature Awards nomination form specifying the category in which the nomination is intended to be judged.
2. The nominated article. In the case of the Award for Sustained Contributions, ten (10) of the candidate's best contributions to the literature.
3. Candidate's curriculum vitae, including a bibliography citing all the publications of the nominee. In the case of multiple authorship, please see specific award category for requirements.

PLEASE NOTE: To be accepted, the completed application must be received by the ASHP Foundation office no later than June 2, 2008. (NOTE: If additional space is needed for any item(s), append additional page(s) and reference with item numbers.) Ten (10) copies (original plus nine) of the completed nomination form, with nominated articles, must be submitted.

While the Award for Sustained Contributions to the Literature of Pharmacy Practice recognizes lifetime achievement, the other four awards honor articles published in calendar year 2007. Articles nominated for the Student Research Award are not required to have been published.



Literature  
Awards  
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**2. NOMINATOR INFORMATION**

(a) Name (First, M.I., Last): \_\_\_\_\_

(b) Title and Degrees: \_\_\_\_\_

(c) Institution: \_\_\_\_\_

(d) Division: \_\_\_\_\_

(e) Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(f) Telephone: (\_\_\_\_\_) \_\_\_\_\_ g) FAX #: (\_\_\_\_\_) \_\_\_\_\_

(h) E-mail Address: \_\_\_\_\_

**3. AUTHOR INFORMATION (In the case of multiple authorship, please list the lead pharmacist who was a significant contributor to the research and could serve as the primary contact if selected for an award.)**

(a) Name (First, M.I., Last): \_\_\_\_\_

(b) Title and Degrees: \_\_\_\_\_

(c) Institution: \_\_\_\_\_

(d) Division: \_\_\_\_\_

(e) Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(f) Telephone: (\_\_\_\_\_) \_\_\_\_\_ (g) FAX #: (\_\_\_\_\_) \_\_\_\_\_

(h) E-mail Address: \_\_\_\_\_

**4. NOMINATED WORK**

(a) Full Title and Publication Reference for Article \_\_\_\_\_  
\_\_\_\_\_

For Sustained Contributions Award, please attach a document with the list of ten best contributions to the literature.

For Student Research Award, please list school, graduating date, class title if research was completed as part of curriculum, and faculty advisory name if applicable.

\_\_\_\_\_  
\_\_\_\_\_

**5. SIGNIFICANCE AND ROLE OF PHARMACIST**

Please describe the significance of the body of work and/or the importance of the pharmacist or student

