



**U.S. PUBLIC HEALTH SERVICE**  
**Pharmacist Professional Advisory Committee**  
**Department of Health and Human Services**

**United States Public Health Service**  
**Excellence in Public Health Pharmacy Practice Award**  
**Fall 2011 – Spring 2012**

---

**Nomination Checklist**

**A. Student Information:**

- Full name of student spelled correctly
- Pharmacy School/College name
- Citation of 25 words or less

**B. Nominator Contact Information:**

- Nominator name and title
- Nominator address
- Nominator email address
- Nominator phone number

**C. Nomination Narrative:**

- Does the narrative correspond with the criterion?
- Meets one or more award criteria?

**D. Presentation of Award:**

- Date and time of award presentation
- Location of award presentation
  - Address
  - Phone number

**E. Contact Person at the Pharmacy School/College (person that the award will be sent to):**

- Name and Title
- Address
- Email address
- Phone number

**F. Important Dates to Remember:**

- Deadline for nomination submission to [usphspharmacist@gmail.com](mailto:usphspharmacist@gmail.com): **March 9, 2012**
- USPHS confirmation of receipt via e-mail: **5 business days after receipt**
- School notification of candidate's award status: **March 23, 2012**





**U.S. PUBLIC HEALTH SERVICE**  
**Pharmacist Professional Advisory Committee**  
**Department of Health and Human Services**

**United States Public Health Service**  
**Excellence in Public Health Pharmacy Practice Award**  
**Fall 2011 – Spring 2012**

---

**Nomination Narrative**

Please DO NOT exceed the space provided below



**U.S. PUBLIC HEALTH SERVICE**  
**Pharmacist Professional Advisory Committee**  
**Department of Health and Human Services**

**United States Public Health Service**  
**Excellence in Public Health Pharmacy Practice Award**  
**Fall 2011 – Spring 2012**

---