**2019 NH PHARMACY AWARDS**

The NH Pharmacists Association (NHPA) and the NH Society of Health-System Pharmacists (NHSHP) are calling for nominations for the following awards to be presented in December of 2019.

**New Hampshire Pharmacist of the Year**
The New Hampshire Pharmacist of the Year Award is presented annually to a pharmacist licensed and practicing in New Hampshire who demonstrates professional excellence, good citizenship and dedication to the profession. The recipient must have demonstrated service to his/her practice setting either through sustained exemplary service, or a single outstanding achievement that has impacted pharmacy practice or individual patient care.

**New Hampshire Pharmacy Technician of the Year**
The New Hampshire Pharmacy Technician of the Year is presented annually to a pharmacy technician licensed and practicing in New Hampshire who demonstrates excellence in his/her practice setting, is motivated to learn, exhibits a professional attitude and is dedicated to the profession of pharmacy. The recipient must have made significant contributions to pharmacy technician practice, professional organizations, and/or the community.

**Distinguished Young Pharmacist**
Sponsored by Pharmacists Mutual Companies, the Distinguished Young Pharmacist Award is presented annually to a pharmacist licensed in New Hampshire who has practiced ten years or less (2009 graduation date or later), practices in a community, institutional, or consulting pharmacy and who has actively participated in national pharmacy associations, professional programs, state association activities and/or community service.

**Bowl of Hygeia**
Sponsored by the APhA Foundation and the National Alliance of State Pharmacy Associations, the Bowl of Hygeia is presented annually to a pharmacist who has compiled an outstanding record of community service that, apart from his/her specific identification as a pharmacist, reflects well on the profession. The recipient must be a pharmacist licensed in New Hampshire, must be living and must not have been a previous recipient of this award.

**Excellence in Innovation Award**
Sponsored by Upsher-Smith Laboratories, Inc., the Excellence in Innovation Award is presented annually to a pharmacist practicing in New Hampshire who has demonstrated innovation in his/her respective practice, method or service directly or indirectly resulting in improved patient care and/or advancement of the profession of pharmacy.

**Lifetime Achievement Award**
The Lifetime Achievement Award is presented annually in recognition of exceptional commitment, loyalty and dedication to the practice of pharmacy in the State of New Hampshire. Recipients of this award have distinguished themselves through a lifetime of exemplary service to the profession of pharmacy. The recipient must have demonstrated a career-long performance record of substantive, measurable impact and/or benefit to his/her practice setting and/or the practice of pharmacy in the state of New Hampshire.

**Note: The NH Pharmacy Awards Committee may grant a nominee an award other than the specific award he/she was nominated for if the committee decides that the candidate better qualifies for another award.**

If you have questions, please leave a message at 603.229.0292 or email info@nhpharmacists.org.
2019 NH Pharmacy Awards Nomination Form

Please send completed form to:

MCPHS University – School of Pharmacy
Attn: Maryann Cooper/NH Pharmacy Awards Committee
1260 Elm Street
Manchester, New Hampshire 03101

Or email to: maryann.cooper@mcphs.edu; Subject: 2019 NH Pharmacy Award Nomination

NO LATER than September 15, 2019

*Required fields

*Name of Award: _______________________________________________________________

Nominee Information:

*Name: _______________________________________________________________________

Home Address: ___________________________________________________________________

Work Address: ___________________________________________________________________

Home Phone: ___________________________ Work Phone:_____________________________

*Email: _______________________________________________________________________

*Supporting Information: (Please include attachments if needed)

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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Nomination Submitted By:

*Name: _______________________________________________________________________

Home Address: ___________________________________________________________________

Work Address: ___________________________________________________________________

Home Phone: ___________________________ Work Phone:_____________________________

*Email: _______________________________________________________________________