

Caribbean Association Of Pharmacists

Peer Awards 2018

NOMINATION FORM

Name of Award	
Year of Award	
Name of Nominee	
Address of Nominee	
Country	
Years of contribution	
Please describe briefly nature of contribution and qualifications	
Name of person making the nomination	
Address of person making the nomination	
Signature of nominee	
*Signature of President of National Assn/Chairman of Pharmacy Council or CAP Council member	
Signature of CAP member making the nomination	
Date submitted to CAP	
Date received by CAP	

*** Required for the Caribbean Pharmacist of the Year Award**

Reasons for making the nomination

On an attached sheet, the person making the nomination must describe in detail the reason for making the nomination including the nature of the nominee's contribution and where relevant, evidence of advocacy, innovation and contribution to the development of Pharmacy.

The form must be submitted to CAP no later than June 30th 2017

**Submit the completed Nomination Form to the CAP Office, thecapoffice@gmail.com
& to the Peer Awards Chair, Megan Barker at mgn_barker@yahoo.com**

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The successful nominee(s) will receive Awards &/or trophies donated by partners in the pharmaceutical industry and the Caribbean Association of Pharmacists.

All persons who have accepted nominations must arrange to be present during the Awards Ceremony or inform CAP of the name of their representative.

List major achievements/projects in pharmacy over the last three(3) years

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