|  |  |
| --- | --- |
| **Name of Award** |  |
| **Year of Award** |  |
| **Name of Nominee** |  |
| **Address of Nominee** |  |
|  |  |
|  |  |
| **Country** |  |
| **Email Address of nominee** |  |
| **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 July 31st 2020*

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 |

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