

2008
DISTINGUISHED YOUNG PHARMACIST AWARD
SPONSORED BY PHARMACISTS MUTUAL COMPANIES

Selection Guidelines (selected individual should meet all of the following requirements):

1. Entry degree in Pharmacy received less than 10 years ago (1994 graduation date or later).
2. Licensed to practice in state in which selected.
3. Current membership in the state pharmacy association.
4. Practice retail, institutional, managed care, or consulting pharmacy in the year selected.
5. Participation in national pharmacy associations, professional programs, state association activities, and/or community service.

Recipient's Full Name: _____

Name to be engraved on award: _____
(include designations if desired e.g. Richard D. Smith, R.Ph. or Rich Smith, R.Ph. or Rich Smith)

Recipient's Nickname: _____

Home Address: _____

City State Zip

Business Name: _____

Business Address: _____
City State Zip

College from which entry degree in pharmacy was received:

College Year

2004 Convention Dates: _____

Convention Location: _____
Hotel/Resort

Street City State

Date, time and convention activity during which the award will be presented:

Date Time Function

Recipient has participated in:

A. **National Associations:** Please specify names, dates and positions held within each national association.

B. **State Associations:** Please specify names and positions held within each state association.

C. **State Organizations:** Please specify organizations within your state in which you have participated or held offices.

D. **Community Activities:** Please specify organizations within your community in which you have participated or held offices.

E. **Pharmacy Consultant Activities:** Please specify any activities that you have participated in at the pharmacy or consultant level (if any).

F. **Other Programs:** Please provide us with any additional activities/awards/or positions

held that are not stated above (if any).

G. Please attach a current resume if available.

Does the recipient know they are receiving the award? Yes No

Because a Pharmacists Mutual representative is unable to present the award, our Association Board Chair/Immediate Past President will make the presentation:

Name

Address

Executive Director _____

(please sign)

Please return this form to:

NJPHA
ATTN: Joseph V. Roney
760 Alexander Rd., CN 1
Princeton, NJ 08543-0001
Fax: 609-275-4066
e-mail: dallen@njpharma.org