



New Zealand Hospital Pharmacy Association (Inc)

Te Kāhui Whakarite Rongoā Hōhipera o Aotearoa

Fellow of the New Zealand Hospital Pharmacy Association (NZHPA) Nomination form

We the undersigned, do hereby nominate (*please print clearly*)

Name: _____

Organisation: _____

as a nominee for the award of Fellow of the NZHPA.

1. Name of nominator: _____

Organisation: _____

Signature: _____ Date: _____

2. Name of nominator: _____

Organisation: _____

Signature: _____ Date: _____

Please attach a one-page summary letter of support that will be available to the membership if the nomination is successful. This should

- a) Highlight their professional achievements, including their exceptional contribution to hospital pharmacy and/or clinical pharmacy practice.
- b) Highlight their impact at a local, regional, national and/or international level.
- c) Highlight the attributes that demonstrate they meet the criteria to be honoured as a Fellow of the NZHPA.

Any additional information to support the nomination should also be attached to this application, such as a summary of the nominees' career history, links or a summary of published work or research (if applicable) and any further details you feel are important.

Please send all supporting documentation to NZHPA Administrator

Email: nzhpa@nzhpa.org.nz

Closing date for applications for Fellow of the NZHPA: **Friday 29 September 2023**

Criteria for the Award of Fellow of the NZHPA are as follows:

1. Nominee must be an ordinary member of NZHPA
2. Nominee must have a minimum of 15 years of Hospital pharmacy and/or clinical pharmacy practice experience,
3. Nominee must have made a significant contribution to the advancement of hospital pharmacy within NZ or a significant contribution to other members of NZHPA,
4. Both nominators must be members of NZHPA