

Montana Pharmacy Association Annual Awards

One of the duties and privileges of a professional association is to recognize excellence within the profession. The Montana Pharmacy Association does this each year at the spring convention by presenting professional awards of excellence.

The Board of Directors invites you to make nominations for the 2012 awards by completing this form. Please use a separate form for each nominee. Additional forms can be obtained by contacting the Montana Pharmacy Association or downloading the form from our website www.rxmt.org. Carefully read the criteria for each award before submitting your nominations. Nominations **must be received in the MPA office by February 23, 2012**. Award recipients will be honored at the MPA Annual Business Meeting held in conjunction with the Northwest Pharmacy Convention, May 31- June 3 in Coeur d' Alene, Idaho.

Once the nominations are received, all but one award recipient is determined by a vote of the MPA Board based on the information submitted. The past winners of the Bowl of Hygeia Award determine this year's recipient.

Please check the box beside the award for which you are submitting a nomination:

- Distinguished Young Pharmacist Award**
Presented annually to an outstanding "young" pharmacist.
Award Criteria
1. The recipient is encouraged to be a member of MPA.
 2. The recipient must be a licensed pharmacist in Montana.
 3. The recipient must have received their entry degree in pharmacy no more than 10 years ago.
 4. The recipient must actively participate in professional organizations, programs, and community service.
 5. The recipient must exemplify professionalism, leadership, and be a role model to their peers.
 6. The recipient must practice retail, institutional, managed care, or consulting pharmacy in year selected.
- Excellence in Innovation Award, Sponsored by Upsher Smith Laboratories, Inc.**
Awarded annually to a pharmacist who has an unusual, unique, and/or innovative style of pharmacy practice.
Award Criteria
1. The recipient is encouraged to be a member of MPA.
 2. The recipient must be a licensed pharmacist in Montana.
 3. The recipient must have demonstrated innovative pharmacy practice resulting in improved patient care.
- Pharmacy Technician of the Year Award**
Presented annually to recognize the contributions that pharmacy technicians make in the daily activity of the pharmacy.
Award Criteria
1. The recipient is encouraged to be a member of MPA.
 2. The recipient must be certified and practice in Montana.
 3. The recipient must demonstrate outstanding skills as a technician that help the pharmacist and pharmacy provide better pharmaceutical care and more efficient service to the patient.
- Fitzgerald Pharmacist of the Year Award**
Awarded annually to a pharmacist who makes a difference in the quality of life of his/her patients.
Award Criteria
1. The recipient must be a member of MPA.
 2. The recipient must be licensed and practice in Montana.
 3. The recipient should have shown a desire to "go beyond the call of duty" to provide pharmaceutical care.
- Bowl of Hygeia Award, Sponsored by the American Pharmacists Association and the National Alliance of State Pharmacy Associations**
Presented annually to a pharmacist for outstanding community service.
Award Criteria
1. The recipient must be a member of MPA.
 2. The recipient must be licensed and practice in Montana. Award no presented posthumously.
 3. The recipient has not previously received the award.
 4. The recipient has compiled an outstanding record of community service, which in addition to being an outstanding pharmacist, reflects well on the profession.

5. The recipient is not currently serving, nor has he/she served within the immediate past two years as an officer of the association in other than an ex-officio capacity or award committee.

Please fill out as much information as possible below.

Name of Nominee: _____

Home Address: _____

Home Telephone: _____

Place of Employment: _____

Business Address: _____

Business Telephone: _____

Fax: _____

Date of Birth: _____

Place of Birth: _____

Education (list colleges attended, degrees and dates received): _____

MPA activities (include offices held and dates): _____

Other pharmacy organizations (include offices held and dates): _____

Civic organizations and community activities (include offices held and dates): _____

Brief work history: _____

List activities /priorities/ ideas that nominee has initiated which resulted in improved patient care: _____

Describe ways in which the nominee has gone "beyond the call of duty" to help improve the profession of pharmacy or pharmaceutical care: _____

Spouse's name: _____

Other contact names (and phone numbers) to _____

provide additional
information:

Additional remarks:

Name of person
submitting nomination:
(please print)

Address:

Daytime phone number:

E-mail address:

**Please mail or fax this form by February 23, 2012 to:
Montana Pharmacy Association
P.O. Box 1569
Helena, MT 59624
Phone: (406) 449-3843 Fax: (406) 442-8018**