



Indiana Society of Health-System Pharmacists 2012 Pharmacy Resident of the Year

Each year, **Indiana Society of Health-System Pharmacists (ISHP)**, an academy of the Indiana Pharmacists Alliance, recognizes an individual pharmacy resident for their contribution to the practice of pharmacy in the state of Indiana. A recipient is honored based on contributions and improvements made at their institution/practice site and throughout the state. **This award will be presented during the IPA Spring Meeting Luncheon on Friday, April 13, 2012, in Indianapolis.**

Award Qualifications Include:

- Current PGY1 or PGY2 Resident in Indiana
- Creativity, adaptability to surroundings, and ability to interact well with others
- Specific outstanding achievements in addition to the performance of regular duties including, but not limited to, development of new systems, techniques, improvements in patient care services, and teaching/education
- Self-improvement efforts through enrollment in formal and informal educational programs, participation in technical and professional societies by presentation of papers, attending symposia, seminars, etc.
- Participation in community service or programs
- Exhibition of developing leadership skills
- Involvement or service in professional organizations including, but not limited to, IPA
- Letter of recommendation from a preceptor or residency director

Section 1 – Applicant Information

Name: Phone:

Address: City:

State: Zip: Email:

Pharmacist Residency Year: PGY1 PGY2

Section 2 – Letter of Recommendation *(attach to application or ask that it be mailed separately by deadline)*

Name: Phone:

Email:

Section 3 – Attach CV/Resume

CV/Resume attached or Send Electronically. *Do not include personal information such as SSN, DOB, etc. A copy of your CV/Resume will be forwarded electronically to the ISHP Board for review.*

DEADLINE & MAILING ADDRESS

The nomination form and attachments must be received by: **Thursday, March 1, 2012, at 4:00p.m.**

Email Application and Recommendation Letter to: tabitha@indianapharmacists.org

Or Mail to:

Indiana Pharmacists Alliance
Attn: ISHP Board of Directors
729 North Pennsylvania Street
Indianapolis, IN 46204-1128
Questions? Call 317-634-4968

For IPA Use Only

Received On _____
Recommendation Letter _____
ISHP Board Review _____
Status _____

* If mailing the application, please do not staple the application packet. Ensure your name is on every page.