



## NOMINATION FORM - SCP Presidential Citation

*(Please Print)*

Nominee Name: \_\_\_\_\_ SCP Member # D\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Prov/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*✓ Please check the following:*

- The Nominee is a member in good standing of the Saskatchewan College of Pharmacists.
- The Nominee has met the terms of reference for the SCP Presidential Citation.
- Summary of Qualifications of the Nominee is outlined/attached.
  - Please outline the **contributions** that the nominee has made **to the profession of pharmacy**. \* *Additional sheets may be used.*



\_\_\_\_\_  
Name of Nominator

\_\_\_\_\_  
Signature of Nominator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

**Nomination Deadline – January 31st**  
**Submit to: SCP Awards Committee**  
**c/o Saskatchewan College of Pharmacists**  
**700 – 4010 Pasqua Street, Regina, SK S4S 7B9**  
**FAX to: 306-584-9695      Email: [info@saskpharm.ca](mailto:info@saskpharm.ca)**