



NOMINATION FORM - SCP Honorary Member Award

(Please Print)

Nominee Name: _____

Mailing Address: _____

City/Prov/Postal Code: _____

Phone: _____ Email: _____

✓ Please check the following:

- The Nominee has met the terms of reference for the SCP Honorary Member Award
- Summary of Qualifications of the Nominee is outlined / attached.

Please outline the outstanding contribution(s) to the profession and/or the College beyond the normal call of professional or voluntary obligations.

Name of Nominator

Signature of Nominator

Date

Phone #

Submit to:
SCP Awards Committee
Saskatchewan College of Pharmacists
700 – 4010 Pasqua Street, Regina, SK S4S 7B9
FAX to: 306-584-9695 Email: info@saskpharm.ca