**NOMINATION FORM**

**AWARD CATEGORY**

*Please select by placing a check mark 🗹 before the award name. Select only one.*

🞏 FAPA Lifetime Achievement Award

🞏 Ishidate Award

*For Ishidate Awards only, select one category.*

 🞏 Community Pharmacy

 🞏 Pharmacy Education

 🞏 Pharmaceutical Industry

 🞏 Pharmaceutical Research

 🞏 Hospital Pharmacy

**NOMINEE INFORMATION**

***Personal Contact Information***

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Email address** |  |
| **Telephone / Fax** |  |
| **Mobile No** |  |

***Employment Information***

*Describe the nominee’s current occupation*

🞏 Retired 🞏 Employed 🞏 Self-Employed

*Fill out the applicable information about the nominee’s current occupation.*

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| **Company/ Business Name** |  |
| **Current position** |  |
| **Address** |  |
| **Website** |  |
| **Email address** |  |

**1. ACADEMIC BACKGROUND**

*Fill out the table from most recent to oldest degrees formally obtained.*

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| **Degrees/ Major** | **School/University** | **Year Graduated** |
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*Notes: table could be extended for more information listed but not more than this (one) page.*

**2. PREVIOUS AWARDS AND RECOGNITIONS**

*Fill out the table from most recent to oldest awards and recognitions received.*

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| **Awards Received** | **Given by** | **Date/ Venue** |
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*Notes: table could be extended for more information listed but not more than this (one) page.*

**3. WORK EXPERIENCE**

*Fill out the table from most recent to oldest work experience.*

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| **Positions held** | **Establishment/ Institution** | **Years** **(Beginning - End)** |
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*Notes: table could be extended for more information listed but not more than this (one) page.*

**4. AFFILIATION IN PROFESSIONAL ORGANIZATIONS**

*Fill out the table from most recent to oldest positions held in professional organizations.*

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| **Positions held** | **Professional Organization** | **Years****(Beginning – End)** |
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*Notes: table could be extended for more information listed but not more than this (one) page.*

**5. PUBLICATIONS/ COMPLETED RESEARCHES**

*Make a list of* ***most recent to oldest publications and researches*** *using the template below:*

***Research publications in a scientific journal***

|  |  |
| --- | --- |
| **Title**  |  |
| **Participation** | **🞏** Main Author **🞏** Co - Author |
| **Year Published** |  |
| **Journal/ URL** |  |

|  |  |
| --- | --- |
| **Title**  |  |
| **Participation** | **🞏** Main Author **🞏** Co - Author |
| **Year Published** |  |
| **Journal/ URL** |  |

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| **Title**  |  |
| **Participation** | **🞏** Main Author **🞏** Co - Author |
| **Year Published** |  |
| **Journal/ URL** |  |

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| --- | --- |
| **Title**  |  |
| **Participation** | **🞏** Main Author **🞏** Co - Author |
| **Year Published** |  |
| **Journal/ URL** |  |

*Notes: List could be extended for more researches by copy-pasting the template above and may exceed this page.*

***Completed researches NOT published in a scientific journal***

|  |  |
| --- | --- |
| **Title of Research** |  |
| **Participation** | **🞏** Primary Investigator **🞏** Co - Investigator |
| **Year Completed** |  |
| **Grant/ Funding/ Institution involved** |  |
| **URL*****(if accessible online)*** |  |

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| --- | --- |
| **Title of Research** |  |
| **Participation** | **🞏** Primary Investigator **🞏** Co - Investigator |
| **Year Completed** |  |
| **Grant/ Funding/ Institution involved** |  |
| **URL*****(if accessible online)*** |  |

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| **Title of Research** |  |
| **Participation** | **🞏** Primary Investigator **🞏** Co - Investigator |
| **Year Completed** |  |
| **Grant/ Funding/ Institution involved** |  |
| **URL*****(if accessible online)*** |  |

*Notes: List could be extended for more researches by copy-pasting the template above and may exceed this page.*

**6. ORAL AND POSTER PRESENTATIONS**

*Make a list of* ***most recent to oldest presentations*** *made using the template below:*

|  |  |
| --- | --- |
| **Title**  |  |
| **Type** | **🞏** Oral Presentation **🞏** Poster Presentation |
| **Date presented** |  |
| **Conference name**  |  |
| **City, Country** |  |

|  |  |
| --- | --- |
| **Title**  |  |
| **Type** | **🞏** Oral Presentation **🞏** Poster Presentation |
| **Date presented** |  |
| **Conference name**  |  |
| **City, Country** |  |

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| --- | --- |
| **Title**  |  |
| **Type** | **🞏** Oral Presentation **🞏** Poster Presentation |
| **Date presented** |  |
| **Conference name**  |  |
| **City, Country** |  |

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| --- | --- |
| **Title**  |  |
| **Type** | **🞏** Oral Presentation **🞏** Poster Presentation |
| **Date presented** |  |
| **Conference name**  |  |
| **City, Country** |  |

*Notes: List could be extended for more presentations by copy-pasting the template above and may exceed this page.*

**7. ATTENDANCE TO FAPA CONGRESS**

*Fill out the table from* ***most recent to oldest FAPA Congress*** *attended, please specify if participation from any of the following categories:*

* FAPA Council Member
* Invited Speaker
* Pharmacist
* Accompanying Person
* Student

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| **Year** | **City, Country** | **Participation** |
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*Notes: table could be extended for more information listed but not more than this (one) page.*

**8. ATTENDANCE TO OTHER CONFERENCES**

*Fill out the table from* ***most recent to oldest conferences*** *attended, and please specify if participation from any of the following categories:*

* Invited Speaker
* Participant

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Conference Name** | **Country** | **Participation** |
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*Notes: table could be extended for more information listed but not more than this (one) page.*

**9. CONTRIBUTIONS TO THE PHARMACY PROFESSION**

***Briefly describe*** *the nominee’s* ***most recent to oldest contributions,*** *evidence/ documentations must be attached/ submitted by email.*

|  |  |  |
| --- | --- | --- |
| **Year** | **Field/ Area of Pharmacy** | **Contribution**(Briefly Describe) |
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*Notes: table could be extended for more information listed but not more than this (one) page.*

**10. EVIDENCE/ DOCUMENTATION**

*For supporting documents, please* ***attach a ready to print single pdf file****, arranged in order of being mentioned in this nomination form. The nomination form and the file containing the supporting documents must be submitted in an email to the FAPA Headquarters at* fapaasiahq@gmail.com***not later than March 13, 2020.***

**11. CERTIFICATION FROM THE MEMBER ASSOCIATION**

***Please check the statement if you agree.***

|  |
| --- |
| 🞏 We hereby certify that the nominee is our member of good standing and that all of the above information including the supporting documents have been verified to be true.**Name of Member Association:** **Name of President:** **Signature:****Date:** |

-END-