

SOUTH CAROLINA SOCIETY OF HEALTH-SYSTEM PHARMACISTS (SCSHP) ANNUAL AWARDS CRITERIA

SCSHP annually conducts an awards program recognizing outstanding current SCSHP members who have made significant contributions to the practice of pharmacy in South Carolina. Active SCSHP members may submit nominations for the awards (listed on below) by completing the Awards Nomination Form. Unless otherwise indicated, all award presentations will be made at the SCSHP Annual Meeting. **THE DEADLINE FOR NOMINATIONS FOR ALL AWARDS HAS BEEN EXTENDED TO FRIDAY, JANUARY 29, 2010.**

SCSHP PHARMACIST OF THE YEAR AWARD

The goal of this award is to annually recognize an active pharmacist with sustained achievement/contributions to the profession of pharmacy and/or for involvement with the Society.

Criteria:

- Member of SCSHP and actively involved with the Society. Examples of involvement may include: planning and/or moderating CE programs, speaking engagements, serving as ASHP delegate, recruiting new members, contributions to newsletter, chairing a committee
- Nominee should have examples of sustained achievement/contribution to the profession of pharmacy
- Nominee should have helped the profession of pharmacy grow through any of the following ways: participation in Society-sponsored events (local, state, or national), public involvement and awareness, stimulating interest of the Society to non-members, legislative involvement through local, state, or national representation for the promotion of the pharmacy profession, publications, presentations
- candidate shall have performed pharmacist tasks at Health-System site in an extraordinary fashion as detailed by member making nomination

SCSHP TECHNICIAN OF THE YEAR AWARD

The goal of this award is to annually recognize an active technician member for their contributions to their Pharmacy practice or SCSHP

Criteria:

- Member of SCSHP
- Must be a Certified Technician
- Must have performed technician tasks at Health-System site in extraordinary
- Fashion as detailed by member making nomination
- Must have made significant contribution to pharmacy practice and/or SCSHP

SCSHP KENNETH FLINCHUM DISTINGUISHED SERVICE AWARD

This award is presented when appropriate but not necessarily annually to an individual who has made exceptional and sustained contributions to SCSHP and the practice of pharmacy.

Criteria:

- Nominee must have provided at least five years of "extraordinary" service to SCSHP; these do not have to be consecutive years. Extraordinary means that the candidate's activities have been critical in helping SCSHP achieve its mission, and have resulted in unusually successful and/or high quality SCSHP programs, projects or services for its members
- The Selection Committee will be composed of past recipients, past Pharmacist of the Year recipients and SCSHP Board of Directors

SCSHP GEORGE D. SCHWERIN MENTOR AWARD

This award is presented when appropriate but not necessarily annually to an individual in recognition of contributions to our professional community by inspiring, growing, educating and challenging the pharmacists of the future; and in appreciation of their role as a mentor, advisor, and teacher.

Criteria:

- Mentored pharmacists in professional, supervisory, academic, or peer relationships
- Contributed to the profession by inspiring pharmacists to reach their potential and beyond
- Educated and trained pharmacists for pharmacy practice in the 21st century
- The recipient does not have to be from academia

**SOUTH CAROLINA SOCIETY OF HEALTH-SYSTEM
PHARMACISTS (SCSHP)
Awards Nomination Form**

The deadline for nominations for all awards is October 30, 2009. Please complete one form for each nomination you are submitting.

NOMINATION INFORMATION:

Name of Award (See attached for details):

Nomination Submitted by:

Address:

Phone: _____

E-mail: _____

NOMINEE INFORMATION:

Name (self-nominations are accepted):

Address:

Title:

Employer:

Phone: _____

E-mail: _____

Contributions to health-system pharmacy practice:

Contributions to the community:

Contributions to SCSHP:

RETURN NOMINATION FORMS TO brogers@selfregional.org

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