This document aims to be a useful resource for National Young Pharmacist Groups or other similar organisations who are working to establish a National Young Pharmacist of the Year Award. National YPGs are encouraged to adapt the guidelines to suit local circumstances.

Special thanks to the New South Wales Young Pharmacists Group (Australia) who contributed to this guide by sharing their experiences of running a successful national award. The FIP YPG Steering Committee are keen to hear from other organisations who have set up (or are in the process of setting up) a National Award, please drop us an email at ypg@fip.org to share your experiences.
The FIP Young Pharmacists’ Group

National Young Pharmacist of the Year Award

This award is designed to acknowledge and honour young pharmacists for individual excellence and outstanding contribution to their pharmacy association/organisation and/or community. The recipient shall have demonstrated exemplary leadership qualities as a young pharmacist, indicative of someone likely to emerge as a major leader in pharmacy over the course of his or her career.

Purpose

- To encourage young pharmacist participation in association and community activities.
- To annually recognize one young pharmacist for involvement and dedication to the practice of pharmacy.

The nomination eligibility for this award is as follows:

- Entry degree in pharmacy received less than 5 years ago or under 35 years of age;
- Licensed to practice;
- Current membership and participation in the pharmacy organisation;
- Demonstration of dedication to the practice or research of pharmacy;
- Participation in national pharmacy associations, professional programs, state association activities and/or community service;
- He/she should be an energetic leader who has stimulated others to actively participate in professional, political, and/or community affairs related to the practice or research of pharmacy;
- The nominee must not be a past recipient of this Award.

Award Description

- Plaque or Medal;
- Recognition in National Newsletter;
- Formal presentation at Awards Ceremony;
- Sponsor the young pharmacist to attend the FIP Congress.

Nomination completion and submission

- The nominee must be a member of the association/organisation but there is no restriction on who may lodge a nomination;
- All nominations must be fully completed and submitted to the association/organisation by the nomination deadline in order for the nominee to be considered as a candidate for the Award;
- All incomplete nominations will be returned to the nominator for re-submission;
- Each qualified nomination will be evaluated based on the award’s selection criteria;
- Documentation supporting the candidate’s nomination should highlight how the candidate has fulfilled the award’s selection criteria.
Nomination Form

Nominee

Full Name:  
Title:  
Worksite:  
Address:  
Postcode:  
City:  
Telephone:  
Mobile:  
Fax:  
E-mail:  

Nominator’s name is a required element of a complete nomination. If nominator’s name is the same as candidate’s name, please indicate.

Nominator

Full Name:  
Title:  
Worksite:  
Address:  
Postcode:  
City:  
Telephone:  
Mobile:  
E-mail:  

Is the nominee aware of the nomination:  YES/NO

Please return this Form to (Name of Institution and Address) no later than (Deadline)
Summary of the nomination (approximately 50 words):

_____________________________________________________________________
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Include specific examples and/or details of the following:

Nominee’s Activities:
_____________________________________________________________________
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Nominee’s Qualities/Attributes:
_____________________________________________________________________
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Using the criteria for the Award, please describe in detail the reasons for the Awards Committee to consider your nominee.
If necessary, attach your nomination letter or any supporting documents to this form.

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Referees

Referees or people supporting the nomination. Referees may be contacted to clarify detail or to confirm information in the nomination.

Name:
Address:
Postal Code:
City:
Phone:
Fax:
E-mail:

Nature of contact with nominee:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Supporting statement from this referee attached: YES/NO

Name:
Address:
Postal Code:
City:
Phone:
Fax:
E-mail:

Nature of contact with nominee:

_____________________________________________________________________
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Supporting statement from this referee attached: YES/NO

Because we wish to acknowledge the receipt of your nomination, we will contact you via one of the following:

List your preferred phone number _____________________
List your preferred e-mail address _____________________
List your preferred mailing address _____________________