PO Box 1569, Helena, MT 59624
www.rxmt.org

Phone: 406-449-3843
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One of the duties and privileges of a professional association is to recognize excellence within the profession. The Montana Pharmacy Association will do so in 2026 by presenting professional awards of excellence at our 2026 MPA Winter CE Conference, at Fairmont Resort on Friday, January 16th.

The Board of Directors invites you to make nominations for the 2026 awards by completing this form. A separate form is required for each nominee.

Carefully read the criteria for each award and provide as much information as possible to assist in the selection process. Award recipients, except for the Bowl of Hygeia, are selected by a vote of the MPA Board of Directors based on the information submitted. The Bowl of Hygeia recipient is selected by past recipients.

Nominations must be received in the MPA office by October 31, 2025.

Please check the box beside the award for which you are submitting a nomination:

☐ **Distinguished Young Pharmacist Award**, Sponsored by Pharmacists Mutual Companies

Presented annually to an outstanding "young" pharmacist.

Award Criteria

1. The recipient is encouraged to be a member of MPA.
2. The recipient must be a licensed pharmacist in Montana.
3. The recipient must have received their entry degree in pharmacy no more than 10 years ago.
4. The recipient must actively participate in professional organizations, programs, and community service.
5. The recipient must exemplify professionalism, leadership, and be a role model to their peers.

☐ **Pharmacy Technician of the Year Award**

Presented annually to recognize the contributions that pharmacy technicians make in the daily activity of the pharmacy.

Award Criteria

1. The recipient is encouraged to be a member of MPA.
2. The recipient must be a licensed pharmacy technician in Montana.
3. The recipient must demonstrate excellence in the advancement of the role of the pharmacy technician, leadership in their practice site and/or professional organizations, or has contributed to the education of pharmacy technicians, pharmacy students, or residents.

☐ **Fitzgerald Pharmacist of the Year Award**

Awarded annually to a pharmacist who makes a difference by actively supporting their profession.

Award Criteria

1. The recipient must be a member of MPA.
2. The recipient must be licensed and practice in Montana.
3. The recipient should have demonstrated "going beyond the professional call of duty."

☐ **Bowl of Hygeia Award,** Sponsored by the American Pharmacists Association and the National Alliance of State Pharmacy Associations

Presented annually to a pharmacist for outstanding community service.

Award Criteria

1. The recipient must be a member of MPA.
2. The recipient must be licensed and practice in Montana. Award not presented posthumously.
3. The recipient has not previously received the award.
4. The recipient has compiled an outstanding record of community service, which in addition to being an outstanding pharmacist reflects well on the profession.
5. The recipient is not currently serving, nor has he/she served within the immediate past two years as an officer of the association in other than an ex-officio capacity or award committee.

☐ **Fellow of MPA**

Presented to pharmacist members who have demonstrated excellence in helping people achieve optimal health outcomes and advance the practice of pharmacy.

Award Criteria

1. Applicants must be a current member in good standing with MPA with a minimum of 5 years of membership post-graduation to be eligible.
2. Must have made professional contributions
3. Must have contributed to public service
4. Must have Pharmacy Association Participation

Name of Nominee: _____

Email of Nominee: _____

Place of Employment: _____
Pharmacy City

Please provide as much information as possible about the achievements and accomplishments of the individual you are nominating. List activities /priorities/ ideas that nominee has initiated that have distinguished him/her among peers. The information you provide below is the primary information the Board will use in selecting the recipient. *(Add as much space as necessary.)*

_____

_____

_____

_____

_____

Provide as much information as you know about this individuals MPA activities, civic organizations, community activities, and other professional affiliations. *(Add as much space as necessary.)*

_____

_____

_____

Name and contact information (phone and email) of person submitting nomination:

_____

Please complete this form online at https://www.rxmt.org/annual-awards or email to info@rxmt.org.

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