



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 2019 by presenting professional awards of excellence on Friday, January 11, 2019 at the Awards Banquet during the Winter CE and Ski meeting.

The Board of Directors invites you to make nominations for the 2019 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 5:00pm, Monday, October 15, 2018.**

**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.
- Excellence in Innovation Award, Sponsored by Upsher Smith Laboratories, Inc.**  
*Awarded annually to a pharmacist who has an unusual, unique, and/or innovative style of pharmacy practice.*  
**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 demonstrated innovative pharmacy practice resulting in improved patient care.
- 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 outstanding skills as a technician that help the pharmacist and pharmacy provide better pharmaceutical care and more efficient service to the patient.
- 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.

**Name 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.)**

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**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.)**

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

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**Please complete this form online or email to [info@rxmt.org](mailto:info@rxmt.org) by 5:00pm, Monday, October 15, 2018.**

**Montana Pharmacy Association**

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