

**PHARMACY TECHNICIAN AWARD
Nomination Form**

This award was created in 2001 and is presented annually by the Alaska Pharmacists Association to a pharmacy technician in Alaska, currently employed in a pharmacy, and who has demonstrated outstanding service. Preference is given to pharmacy technician members of the Alaska Pharmacists Association.

I submit the following name for consideration by the Alaska Pharmacists Association Awards Committee for the Pharmacy Technician Award:

NOMINEE: _____

1. Current position title _____

2. Type of Practice _____

3. Location of work _____

4. Member of AKPhA? _____

5. Other awards received in the past _____

6. Please provide employment history:

ATTACH A DETAILED DESCRIPTION OF THE NOMINEE'S ACTIVITIES WHICH EXEMPLIFY THEIR CONTRIBUTIONS TO THE WORK SETTING, STATE ASSOCIATION ACTIVITIES AND/OR COMMUNITY SERVICE.

NAME OF PERSON SUBMITTING NOMINATION _____

Contact phone number and e:mail address _____

DATE SUBMISSION RECEIVED _____