**The New York State Council of Health-system Pharmacists**

**230 Washington Ave Extension, Albany NY 12203
Phone(518)-456-8819 Fax: (518) 456-9319**

**Nominations Form**

Your Name:

Your Email:

Name of Person nominating (self-nomination permitted)

Nominees email:

Nominees Affiliate Chapter:

BOD position nominating for:

Local/State/National Involvement level experience:

In your experience working with the individual, are they reliable and responsive, follow through with quality work, and demonstrate high moral character? If self-nomination, please put N/A.

Please describe how you/individual demonstrate leadership qualities and exemplary practice:

* Experience having served as a chair on a NYSCHP committee
* Extensive participation on a NYSCHP committee(s)
* Served as President or held a leadership position in a local chapter
* Served as a delegate to NYSCHP or ASHP
* Demonstrated active involvement in other state and national organizations

Personal Statement: