[](http://www.hoparx.org/)

**Leadership Award**

**Nomination Form**

Nomination Deadline: **October 1, 2022**

The **HOPA Leadership Award** recognizes pharmacy practitioners who have distinguished themselves by demonstrating superior leadership skills when challenged by a specific opportunity, for their institution, HOPA, or the pharmacy profession that produced/culminated in a significant outcome. As a result they will have advanced oncology pharmacy practice, or made positive changes that benefit patients, students, or colleagues in hematology/oncology pharmacy.

**Award:** Recipients of the award are recognized at the HOPA Annual Conference with a personalized plaque and award check.

**Eligibility:** Nominees must be HOPA members in good standing. Consideration will be given to those who have demonstrated leadership during the period of eligibility, defined as the preceding year leading up to the Annual Conference. (Contributions occurring within 36 months prior to the Annual Conference that exemplify the core values of the association will be considered/evaluated. Current members of the HOPA Board of Directors, HOPA Recognition Committee and HOPA staff are not eligible to either nominate or be nominated for this award. Self-nominations will be accepted.

**Form Directions**: Use the “Tab” feature to move from field to field and type your information into the shaded field. There is no limit to the amount of text that may be typed into each field.

Email the completed nomination form and **a copy of the nominee’s CV** to: [info@hoparx.org](mailto:info@hoparx.org)

Nominations must be e-mailed by **October 1, 2022,** to be considered.

**HOPA Leadership Award**

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**PART 1**

**Nominator Information**

Name:

Title:

Place of Employment:

Address:

City:       State:       Zip:

Phone:       Fax:

E-mail address:

Names of other nominators (if applicable):

**Nominee Information**

Name and Credentials:

Title:

Place of Employment:

Address:

City:       State:       Zip:

Phone:       Fax:

E-mail address:

Please include a copy of the nominee’s CV.

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**PART 2**

In the spaces below, please indicate how the individual you are nominating fulfills the following criteria for the HOPA Leadership Award. For each item, if applicable, please describe in detail how the nominee has:

***Demonstrated leadership during the eligibility time period to advance oncology pharmacy practice.***

***Inspired, motivated, developed, or mentored skills in other people who have advanced oncology pharmacy practice.***

***Facilitated a healthier, nurturing, collaborative culture within their workplace, profession or professional organizations.***

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**PART 3**

In the space below, please provide any additional information you would like the committee to know about the nominee.

**PART 4**

In the space below, please provide a proposed citation for the Award Plaque. (Please limit citation to 25 words or less.):

Example: *A leader and role model who volunteers tirelessly to advance the vision and mission of HOPA.*