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

**New Practitioner Award**

**Nomination Form**

Nomination Deadline: **October 1, 2022**

The **New Practitioner Award** recognizes a member early in their career who has made a notable contribution to developing or supporting clinical hematology/oncology pharmacy services. Recipients of the **HOPA New Practitioner Award** are recognized at the HOPA Annual Conference with a personalized plaque and an award check.

**Eligibility:** Nominees for this award have been practicing 7 or fewer years in the field of hematology/oncology after the completion of their training. Nominees and nominator(s) must be HOPA members in good standing.

Current members of the HOPA Board of Directors or HOPA Recognition Committee are not eligible to nominate an individual for this award nor are they eligible to be nominated for this award.

**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 to: [info@hoparx.org](mailto:info@hoparx.org)

*Please note, nominees will be asked to provide an updated copy of their CV upon accepting their nomination.*

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

**HOPA New Practitioner Award**

**Nomination Form**

**PART 1**

**Nominator Information**

Name:

Institution:

Address:

City:       State:       Zip:

Phone:       Fax:

E-mail address:

Names of other nominators (if applicable):

**Nominee Information**

Name and Credentials:

Institution:

Address:

City:       State:       Zip:

Phone:       Fax:

E-mail address:

**PART 2**

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

***Developed or expanded clinical hematology/oncology pharmacy programs.***

***Provided community service to the hematology/oncology community.***

***Promoted the awareness of the value of hematology/oncology pharmacy.***

***Provided hematology/oncology education to health care practitioners.***

***Trained students and residents in the area of hematology/oncology pharmacy.***

***Participated in hematology/oncology research.***

***Contributed to pharmacy literature.***

***Demonstrated active involvement and leadership in professional activities.***

**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 (limit to 25 or fewer words) for the Award Plaque. Example: *An educational leader and role model who has shaped the career of many outstanding practitioners. A patient advocate first and foremost.*