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

**Hematology/Oncology Technician Award**

**Nomination Form**

Nomination Deadline: **October 1, 2022**

The **Hematology/Oncology Technician Award** recognizes a technician who demonstrates excellence in his/her work and a commitment to hematology/oncology pharmacy practice in an organized health care setting. Recipients of the **HOPA Hematology/Oncology Technician Award** are recognized at the HOPA Annual Conference with a personalized plaque, one year complimentary membership in HOPA, and an award check.

**Eligibility:** Nominees need not be HOPA members. Nominators must be HOPA members in good standing. Nominees must have at least 2 years of hematology/oncology pharmacy support experience, and be currently employed in an organized health care setting. Preference will be given to those who are Certified Pharmacy Technicians (CPhT).

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 Technician 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 Technician Award. For each item, describe in detail how the nominee has:

***Continually strived for excellence in his/her technical support area.***

***Showed a commitment to patient care through daily activities.***

***Participated in committee or departmental activities related to patient care and/or hematology/oncology practice.***

***Been considered an important and vital member of the hematology/oncology pharmacy practice team.***

***Demonstrated leadership in his/her role as a technician.***

**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 (25 words or fewer) 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.*