



Coalition of Pharmacists
Caring for Aging Canadians

CPCAC

**Coalition of Pharmacists Caring for Aging Canadians'
Award of Distinction in Senior Care Pharmacy**

Nomination Form

Nominee's Name: _____

Nominated by: _____

1. Name: _____

Position: _____

CPCAC Member: Yes No

2. Name: _____

Position: _____

CPCAC Member: Yes No

4. Name: _____

Position: _____

CPCAC Member: Yes No

Submission Date: _____

Please forward complete nomination package (outlined below) to the CPCAC office at cpcac@secretariatcentral.com by **11:59 PM (EasternTime) on Friday January 10, 2020.**

Complete nomination package:

- Nomination Form
- Curriculum Vitae
- One narrative endorsement
- Up to two supporting documents (optional)