

**The Coalition of Pharmacists Caring for Aging Canadians/  
John H. Webster Memorial Award**  
Sponsored by: Manrex Limited

**APPLICATION FORM**

**Applicant Information:**

Name:  
CPCAC student membership #:  
School of Pharmacy:  
Mailing Address:  
Email Address:  
Phone:

**Instructions for Applicant: Provide responses to the following questions.**

**Geriatric Education**

1) If available at your university, have you taken a geriatric pharmacotherapy specialty course or elective?

If yes, please indicate the name of the course and when it was taken:

2) Have you taken any additional CE courses with an emphasis on geriatric pharmacotherapy? (this can include attendance at conferences specific to geriatric pharmacy practice)

If yes – please list date(s) and topic of course(s):

**Geriatric Experience**

3) Please list your experience (volunteer or paid) working directly with the elderly in a senior-care or long-term care setting (pharmacy experience preferred)

Dates & Duration	Description of Experience

4) In 300 words or less, describe your interest in geriatric pharmacy and how you plan to pursue a career in this area of pharmacy.

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5) Optional: Statement of Endorsement

Please provide an endorsement letter completed by a preceptor, professor (instructor) or employer who can attest to your worthiness of this award. The letter should be a maximum of 1 page or 500 words and it should describe your commitment to patient-focused geriatric care.

Thank you for your application, and good luck!

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**STATEMENT OF ENDORSEMENT (Optional)**

**Endorser's Information (preceptor, employer or professor/instructor):**

Name:

Applicant's Name:

Credentials:

School of Pharmacy:

Email Address:

Phone:

Instructions for Endorsement Letter: Please attach a 1 page (max 500 words) letter that describes the applicant's worthiness of the CPCAC/John H. Webster Memorial Award, and describe the applicant's commitment to patient-focused