



**CSHP FELLOW PROGRAM
SIGNATURE FORM**

Name of Candidate: _____

Signature pages in the application may be faxed or scanned and sent by email.

Send your completed signature form, recommender form and CV no later than July 2, 2020 to:

Chair, Fellows (FCSHP) Recognition Committee
c/o Pamela Saunders
Canadian Society of Hospital Pharmacists
30 Concourse Gate, Unit 3, Ottawa, ON, K2E 7V7
Fax: 613-736-5660
Email: psaunders@cshp.pharmacy

Note: Please type or print all information.

SECTION 1: Personal Information

Surname: _____ First Name: _____

Dr. Ms. Mrs. Mr.

CSHP Membership #: _____ Year Joined: _____

SIGNATURE of CANDIDATE

Signature: _____ Date: _____