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**Fellows Recognition Committee**  
**FELLOW PROGRAM RECOMMENDATION FORM**

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**SECTION 1:** **to be completed by candidate**

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Please print or type your name and address in the spaces provided below and give this form to a recommender (practitioner, administrator, academician, or CSHP Fellow) who is familiar with your contributions as a practitioner and can attest to your practice abilities and aptitudes. Please note that current Fellows Recognition Committee members cannot act as recommenders for Fellow applicants. This recommendation is to be forwarded directly to the Fellows Recognition Committee by the person completing it.

**Name of Candidate:**

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Address:

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City:

Province:

PC:

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Telephone:

Fax:

e-mail:

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**SECTION 2:** **to be completed by recommender**

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The individual named above is applying for recognition as a Fellow of the Canadian Society of Hospital Pharmacists through the CSHP Fellow Program. This program is intended to recognize excellence in pharmacy practice. It would be helpful in our review process if you would provide your assessment and opinion of the candidate. The recommendation must be sent directly to the CSHP national office at the address below and received **no later than July 2, 2020**.

**Name of Recommender:**

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Address:

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City:

Province:

PC:

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Telephone:

Fax:

e-mail:

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Hospital/Company:

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Title:

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Affiliation:

Describe your relationship with the candidate, length of time you had had this relationship and the basis for your insights into their qualifications.

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Please respond to the following items:

	Excellent	Above Average	Average	No Basis for Judgment
Quality of work performance				
Written communication skills				
Oral communication skills				
Leadership				
Industriousness and perseverance				
Initiative and motivation				
Dependability				
Ability to relate to others				
Commitment to profession				
Knowledge of drug therapy				
Research abilities				

On a separate page, please respond to the following two questions:

1. In your opinion, what are the candidate's contributions to the profession of pharmacy and what is the importance of these contributions?
2. Why do you believe that the candidate has achieved excellence in the practice of pharmacy?

In addition to the above response, the Board will also consider additional comments you submit regarding this individual. Please feel free to attach additional pages.

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(Signature of Recommender)

(Date)

This form and related documents **MUST be received by the Fellows Recognition Committee by July 2nd.** Please send by mail, fax, or email 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](mailto:psaunders@cshp.pharmacy)**