



Recognizing Professional Achievement Through Advanced Learning

Entry/Nomination Form

Complete this entry/nomination form and send it to the appropriate provincial contact listed on the reverse side. Alternatively, complete an online form at www.canadianhealthcarenetwork.ca/magnumopusaward

Name of Entrant/Nominee

E-mail Address

Name of Pharmacy

Telephone (business)

Telephone (home)

Area of Specialty Training (e.g., Certified Respiratory Educator)

If you are nominating someone other than yourself, please provide your own information:

Name

E-mail Address

Address

Telephone (business)

Telephone (home)

Does the nominee know they are being nominated? Yes No

Please provide documentation to support this entry/nomination. For example:

- evidence of completed specialty education or training (certification program, post-graduate education)
- description of expanded professional practice as a result of this additional training
- supporting materials
- marketing materials
- testimonials from patients and other healthcare providers
- data that demonstrate the success of expanded practice
- other _____

Signature of Nominee / Nominator

Date

