



THE PHILIPPINE PHARMACISTS ASSOCIATION, INC.

Pharmacists for Better Health Outcomes

Member: International Pharmaceutical Federation (FIP)
Western Pacific Pharmaceutical Forum (WPPF)
Federation of Asian Pharmaceutical Associations (FAPA)

15 March 2017

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To: All PPhA Chapter & Affiliate Presidents:

Good Governance, Leadership, and Best Practices shouldn't go unnoticed!

Who will comprise PPhA's roster of awardees for the 2017 National Convention?

The Philippine Pharmacists Association (PPhA) is pleased to announce to all members and officers of respective Chapter and Affiliate organizations the list of the Awards and the corresponding Criteria for the evaluation and final selection of the winners for the various categories.

Deadline for submission of nominations is 15 April 2017. All Chapter and Affiliate Presidents are reminded to summarize and submit their respective nominations on time.

Attached is a copy of the Nomination Form, General Guidelines, and the Awards Criteria.

Sincerely,

HAZEL FAYE R. DOCUYANAN, RPh, MS
Over-All Chair, 2017 PPhA National Convention

Noted By:

YOLANDA R. ROBLES, RPh, PhD
President
Philippine Pharmacists Association, Inc.



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GENERAL GUIDELINES:

1. Nomination is open to all chapters and affiliates following the PPhA Awards Criteria, qualitative and quantitative.
2. Nomination shall be ranked based on the points earned following the criteria. Cut-off score is 80%.
3. For the individual category awards, the nominee at the time of nomination:
 - a. Must be a Registered Pharmacist
 - b. Must have a valid PRC license
 - c. Must be an active PPhA Member by:
 - i. Having taken active involvement in any of the activities sponsored by the national board, local chapters, or affiliate organizations
 - ii. Having paid membership dues
 - d. Must be of good moral character, with no pending criminal, civil or administrative case
4. Nominations shall be submitted to the PPhA Committee on Awards, PPhA Building, 815 R. Papa St., Sampaloc, Manila using the prescribed Nomination Form and within the submission period.
5. The committee on Awards shall submit the recommended list of awardees with their respective ratings to the PPhA National Board.
6. The decision of the PPhA National Board is final.
7. The awardees will be formally notified in writing by the PPhA Committee on Awards.

REQUIREMENTS:

1. Duly accomplished and signed **Nomination Form**.
2. **Executive Summary** of not more than 2 pages of the nominee's achievements.
3. Curriculum Vitae/Resume of the nominee with **Supporting Documents**.
4. Two (2) copies of recent, **colored photo (2 x 2)** of the nominee with white background.



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NOMINATION FORM

Date: _____

To the PPhA Committee on Awards:

I hereby nominate _____ for the following award:

Individual Award Category (check one award only; please refer to the descriptions given below)	
<input type="checkbox"/> Bowl of Hygeia Award	The Outstanding Pharmacist (TOP) Award in: <input type="checkbox"/> Community Pharmacy <input type="checkbox"/> Hospital/Clinical Pharmacy <input type="checkbox"/> Industrial Pharmacy <input type="checkbox"/> Education <input type="checkbox"/> Research <input type="checkbox"/> Government Service
<input type="checkbox"/> Lifetime Achievement Award	
<input type="checkbox"/> Gawad Lourdes Echauz Leadership Award	
Group Award Category (check one award only; please refer to the descriptions given below)	
Outstanding Chapter for: <input type="checkbox"/> Luzon <input type="checkbox"/> Visayas <input type="checkbox"/> Mindanao	

Attached are the following requirements for your reference and evaluation:

- One-page **Executive Summary** of the nominee's achievements
- Curriculum Vitae/Resume** of the nominee with **Supporting Documents**
- Two copies of recent, colored **photo (2x2)** of the nominee with white background

Nominated By:	_____ <i>Signature over Printed Name</i> PRC ID No: _____ PPhA ID No: _____ Date: _____
Submitted By:	_____ <i>Individual Member / Chapter or Affiliate President / Vice President for Luzon/Visayas/Mindanao</i> Date: _____