

Bowl of Hygeia Award Nomination

Minimum Selection Criteria

- Licensed to practice in South Dakota
- Not a previous recipient of this award
- Outstanding record of community service, which apart from his/her specific identification as a pharmacist reflects well on the profession
- Award not presented posthumously

Nominee's Full Name: _____ (Nickname)

Nominee's Mailing Address: _____ (City/State/Zip)

Practice Site: _____ (City/State/Zip)

College of Pharmacy Nominee Graduated From: _____ (Year Graduated)

List pharmacy jobs held:

List positions or honors in pharmacy organizations:

List community service activities (including any elected or appointed positions in local, county or state government; membership in and positions held in various community and charitable organizations):

Name of spouse and any other family information:

This individual was nominated by _____ District of SDPhA.

Signature: _____

Date: _____

(District Officer, Nominating Person, or Nominee)