



**ISTM Pharmacist Professional Group  
2024-2025 Excellence and Achievement in  
Travel Health Pharmacy Award  
Nominee Form**

The Nominee must complete the form below and send it no later than **15 December 2024** to ISTM (Email: [awards@ISTM.org](mailto:awards@ISTM.org)).

A Curriculum Vitae must also be included to provide additional information, however; each section below must be completed and will be the primary source of information to be considered by the PPG Awards Selection Panel.

<b>NOMINEE NAME</b>			
<b>POSITION</b>			
<b>AFFILIATION</b>			
<b>ADDRESS</b>			
<b>CITY</b>		<b>ST/PROVINCE</b>	
<b>COUNTRY</b>		<b>ZIP/POSTAL CODE</b>	
<b>PHONE</b>		<b>FAX</b>	
<b>EMAIL</b>			
<b>NOMINATED /RECOMMENDED BY</b>			

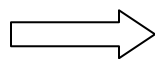
## SHORT BIOGRAPHICAL INFORMATION

### PUBLICATION IN JTM OR OTHER JOURNALS

**SERVICE IN ANY OTHER TRAVEL MEDICINE SOCIETY**

**PERSONAL STATEMENT/GOALS FOR THE ISTM PHARMACIST PROFESSIONAL GROUP**

**PLEASE SHARE THE ACTIVITIES IN WHICH YOU HAVE PARTICIPATED THAT ADDRESS THE FOLLOWING CRITERIA: CLINICAL PRACTICE, EDUCATION, RESEARCH, QUALITY IMPROVEMENT, MENTORING AND/ OR PROFESSIONAL DEVELOPMENT.**



**SUBMISSION DEADLINE  
15 December 2024**

