

## ISTM Pharmacist Professional Group 2024-2025 Outstanding New Travel Health Pharmacist Award Nominee Form

The Nominee must complete the form below and send it no later than 15 December 2024 to ISTM (Email: <a href="mailto:awards@ISTM.org">awards@ISTM.org</a>). The nominee's full name and "Outstanding New Travel Health Pharmacist Award" must be included in the email subject line.

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.

| NOMINEE NAME   |    |                 |  |
|----------------|----|-----------------|--|
| POSITION       |    |                 |  |
| AFFILIATION    |    |                 |  |
| ADDRESS        |    |                 |  |
| CITY           |    | ST/PROVINCE     |  |
| COUNTRY        |    | ZIP/POSTAL CODE |  |
| PHONE          |    | FAX             |  |
| EMAIL          |    |                 |  |
| NOMINATED      |    |                 |  |
| /RECOMMENDED B | BY |                 |  |
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| NOMINEE INFORMATION                          |
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| SHORT BIOGRAPHICAL INFORMATION               |
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| DREVIOUS OF SUPPRISHENCE OF ISSUE ACCUSATING |
| PREVIOUS OR CURRENT NPG OR ISTM ACTIVITIES   |
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| PUBLICATION IN JTM OR OTHER JOURNALS         |
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| SERVICE IN ANY OTHER TRAVEL MEDICINE SOCIETY |
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| PERSONAL STATEMENT/GOALS FOR THE ISTM PHARMACIST PROFESSIONAL GROUP   |
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| 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.  |
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| SUBMISSION DEADLINE 15 December 2024  |
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