**Ohio College of Clinical Pharmacy (OCCP)**

**Pharmacist of the Year Award Application**

**Nominator Information**:

|  |  |
| --- | --- |
| Name |  |
| Position/Title |  |
| Institution |  |
| Telephone number |  |
| Email |  |

**Nominee Information**:

|  |  |
| --- | --- |
| Name |  |
| Position/Title |  |
| Institution |  |
| Telephone number |  |
| Email |  |

**Application materials**: Please include a current copy of the nominee’s CV and one letter of recommendation. The letter of recommendation should include a brief description of the nominee’s clinical practice. Return the completed application materials (via mail or email) to:

 Jessica Hoover, PharmD., BCPPS

OCCP Nominations Chair

Department of Pharmacy, Cleveland Clinic

9500 Euclid Ave/HB-105

Cleveland, OH 44195

Email: hooverj4@ccf.org

**Application deadline**: April 19, 2024