2023 Leslie Dan Faculty of Pharmacy Alumni Awards Nomination Form - Individuals

The Leslie Dan Faculty of Pharmacy Alumni Awards are a suite of annual awards that recognize our outstanding alumni for their exceptional accomplishments and contributions to the Leslie Dan Faculty of Pharmacy's education and/or research work and reputation.

These alumni have earned community, provincial, national and/or international prominence due to their outstanding professional achievements and/or service to their profession, have contributed in a meaningful way to enhance Faculty life, and are an inspiration to the pharmacy/pharmaceutical science community and beyond.

Please note:
- These awards are open to all alumni who have not previously received the same award and who meet the University of Toronto's definition of alumni.
- While nominees may provide information to the nominator that assists with the completion of this application, we do not accept self-nominations.

Please refer to the website for nomination criteria, alumni definition and award categories:
https://pharmacy.utoronto.ca/leslie-dan-faculty-pharmacy-alumni-awards

Please begin by sharing your information as the nominator

* Required fields

* Required

1. Nominator First Name *

_____

2. Nominator Last Name *

_____

3. Nominator Telephone Number *

_____

4. Nominator Title *

_____

Nominee Information

5. Nominee First Name: *

_____

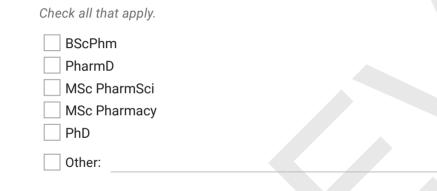6. Nominee Last Name: *

_____

7. Nominee Former Name (if known):

_____

8.   Nominee Email Address: *

_____

9.   Nominee Telephone Number: *

_____

10.   Indicate degree(s) obtained from the Leslie Dan Faculty of Pharmacy: *
Check all that apply.

Check all that apply.

☐ BScPhm
☐ PharmD
☐ MSc PharmSci
☐ MSc Pharmacy
☐ PhD

☐ Other: _____

11.   Year(s) of graduation: *

_____
_____
_____
_____

12. List other academic degrees, honors, and distinctions:

_____

_____

_____

_____

_____

13. Nominee's current work position/occupation: *

Individual Award Categories   *Nominees category can be changed at the discretion of the selection committee to better reflect the merits of their nomination package.*

14. Select Individual Award Category: *

 Only select one category.

Check all that apply.

☐ Leadership in Pharmacy Practice Award

☐ Leadership in Pharmaceutical Sciences Award

☐ Emerging Leader in Pharmacy Practice Award

☐ Emerging Leader in Pharmaceutical Sciences Award

☐ Alumni Service Award

☐ Hall of Distinction

Career Achievements and Highlights

15. Approximately how many years has the nominee worked in their field? *

    Mark only one oval.

    ◯ 1-5 years

    ◯ 5-10 years

    ◯ 10-15 years

    ◯ 15-20 years

    ◯ 20+ years

16. Describe the nominee's professional achievements (500 words max.) *

    Use of bullet points is encouraged.

    _____

    _____

    _____

    _____

    _____

17. List any achievements the nominee has made in their field that you believe to be outstanding given their stage in their career. *

Please list up to 5.

_____
_____
_____
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_____

18. Describe how the nominee is an inspiration to others in their field (500 words max.) *

Use of bullet points is encouraged.
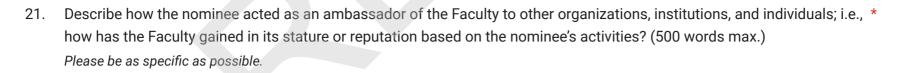
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Connection to the Leslie Dan Faculty of Pharmacy

19. Describe how the nominee has maintained a connection with the Leslie Dan Faculty of Pharmacy (500 words max.) *

Please be as specific as possible. Use of bullet points is encouraged.

20. Describe how the nominee's participation in Faculty life has enhanced the reputation and/or overall strength of the work of our Faculty (500 words max.) *

Please be as specific as possible.

21. Describe how the nominee acted as an ambassador of the Faculty to other organizations, institutions, and individuals; i.e., how has the Faculty gained in its stature or reputation based on the nominee's activities? (500 words max.) *

Please be as specific as possible.

22. Please confirm (to the best of your knowledge) that the nominee's service acts were as a volunteer and that remuneration *
was not provided (if applicable).

Mark only one oval.

◯ Yes

◯ No

◯ Other: _____

23. To your knowledge, has the nominee been officially recognized with an award by the University of Toronto or the Leslie *
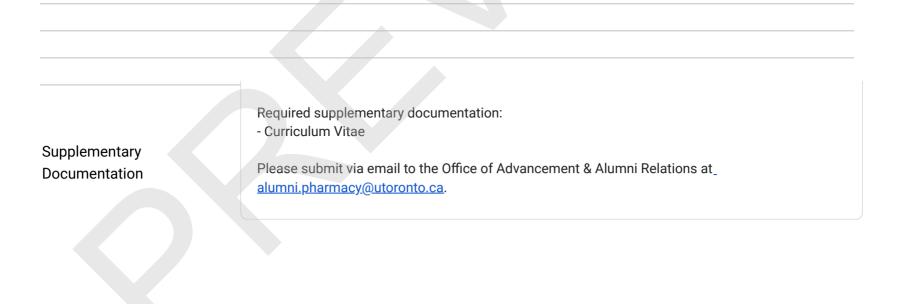Dan Faculty of Pharmacy?

Mark only one oval.

◯ Yes

◯ No

24. If you answered Yes above, please list and describe.
Please share any other recognition relevant to this nomination.

_____

_____

_____

_____

25. Approximately how many years has the nominee worked in their field? *

Mark only one oval.

◯ 1-5 years

◯ 5-10 years

◯ 10-15 years

◯ 15-20 years

◯ 20+ years

26. How would you highlight this nominee's impact if you had to do so in a Tweet? *
    280 characters max.

_____

_____

_____

_____

Supplementary
Documentation

Required supplementary documentation:
- Curriculum Vitae

Please submit via email to the Office of Advancement & Alumni Relations at
alumni.pharmacy@utoronto.ca.

Privacy Statement

The University respects your privacy. The information gathered through this nomination process is collected to administer the Leslie Dan Faculty of Pharmacy Alumni Awards and used for the administration of the University's advancement and administrative activities undertaken pursuant to the University of Toronto Act, 1971. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office at (416) 946-7303, McMurrich Building, Room 20,112 Queen's Park Crescent West, Toronto, Ontario M5S 1A8.