

Distinguished Young Pharmacist Nomination

Minimum Selection Criteria:

- Entry degree in pharmacy received less than ten (10) years ago
- Licensed to practice in South Dakota
- Member of SDPhA in the year selected
- Practiced community, institutional, or consulting pharmacy in the year selected
- Participated in national pharmacy association activities, professional programs, state association activities and/or community service

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 memberships, positions or honors in pharmacy organizations:

List community/church activities:

List national and state association activities or other professional programs:

Additional comments why this nominee should receive this award (to be completed by nominating individual).

Signature: _____

Date: _____

(District Officer, Nominating Person, or Nominee)