

Hustead Award Nomination

Minimum Selection Criteria:

- Licensed to practice in South Dakota
- Not a previous recipient of this award
- Made significant contribution(s) to the profession
- Not solely based on community service
- Demonstrates the dedication, resourcefulness, service and care that has made pharmacy one of the most respected professions in our country

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 positions or honors in pharmacy organizations:

List significant professional contributions:

List community service activities:

Name of spouse and any other family information:

This individual was nominated by _____ District of SDPhA.

Signature: _____
(District Officer, Nominating Person, or Nominee)

Date: _____