



FHOPA Nomination Form

Nominators: To complete this form, click on each gray box, type in your responses, and save the document. Once complete, **email this form directly to HOPA, info@hoparx.org, by October 10, 2023.**

There is no limit to the length of your answers.

Note: Please do not submit this form unless requested to do so by a FHOPA candidate. Unsolicited nominations will not be considered.

Candidate Name [click here](#) and type response

Nominator Name [click here](#) and type response Email [click here](#) and type response

1. On what level do you know the applicant?

HOPA Member Work Colleague Personal Other

2. How long have you known the applicant?

1-2 years 3-5 years 6-10 years Over 11 years

I support this candidate's Fellow status based on the following evidence:

3. Describe the candidate's sustained contribution to HOPA.

[click here](#) and type response

4. Describe the candidate's practice contributions to the field of hematology/oncology pharmacy.

[click here](#) and type response

5. Describe the candidate's impact related to original research.

[click here](#) and type response

6. Describe the candidate's volunteer service and philanthropic activities.

[click here](#) and type response