Outstanding Clinician Award
Nomination Form

Nomination Deadline: **October 10, 2023**

The **Outstanding Clinician Award** recognizes an experienced clinician who has made a demonstrated commitment to developing, supporting, and expanding hematology/oncology pharmacy services in a clinical setting. This individual has dedicated their career so far to increasing the quality and quantity of oncology pharmacists' involvement in patient care. Recipients of the **Outstanding Clinician Award** are recognized at the HOPA Annual Conference with a personalized plaque and an award check.

Eligibility: Nominees for this award have been practicing 8 or more years in the field of hematology/oncology after the completion of their training. At least 50% of their workload is devoted to clinical practice. Nominees and nominator(s) must be HOPA members in good standing.

Recipients of the New Practitioner Award in the previous 3 years are not eligible. Current members of the HOPA Board of Directors or HOPA Recognition Committee are not eligible to nominate an individual for this award nor are they eligible to be nominated for this award.

Application Requirements:

- Completed nomination form found below*
- Letter of support*
- Copy of nominee's CV

At least **one of these two materials must be completed by the nominee's clinical supervisor/manager. The other can be submitted by a pharmacy peer, non-pharmacy clinician (i.e., physicians, nurses, physician assistants, etc.), or patient.*

Form Directions: Use the "Tab" feature to move from field to field and type your information into the shaded field. There is no limit to the amount of text that may be typed into each field.

All materials should be emailed to HOPA Staff at info@hoparx.org.

Nominations must be e-mailed by **October 10, 2023,** to be considered.

HOPA Outstanding Clinician Award
Nomination Form

PART 1

Nominator Information

Name:

Institution:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

Names of other nominators (if applicable):

Nominee Information

Name:

Institution:

Address:

City: State: Zip:

Phone: Fax:

E-mail address:

PART 2

In the spaces below, please indicate how the individual you are nominating or supporting fulfills the following criteria for the HOPA Outstanding Clinician Award. For each item, describe in detail how the nominee has demonstrated:

Sustained excellence in clinical practice. Supportive evidence may include, but is not limited to, documentation of interventions demonstrating improved patient outcomes or patient experience.

Sustained contributions to improve the quality of patient care given by others. Supportive evidence may include, but is not limited to, creation of order sets, clinical pathways, educational in-services, and educational materials.

Ability and willingness to expand the pharmacist's role into new patient care areas or practices. Supporting evidence may include establishing new clinical services or justifying new clinical pharmacist positions that increase the number of patients directly cared for by an oncology pharmacist.

Sustained contributions and growth in working as a member of the oncology team with diverse clinical disciplines.

Sustained interest and compassion in directly caring for patients.

PART 3

In the space below, please provide any additional information you would like the committee to know about the nominee.

PART 4

In the space below, please provide a proposed citation (limit to 25 or fewer words) for the Award Plaque. Example: *An educational leader and role model who has shaped the career of many outstanding practitioners. A patient advocate first and foremost.*