

THE PACE AWARD FOR EXTRAORDINARY PHARMACISTS

NOMINATION FORM

I would like to nominate _____ from the Pharmacy Department as a deserving recipient of **The PACE Award**.

This pharmacist's clinical skill and compassionate care exemplify the kind of pharmacist that our patients, their families, and our staff recognize as an outstanding role model. He/she consistently meets all of the following criteria:

- **Clinical Excellence**
- **Commitment to Pharmaceutical Excellence**
- **5 Star Service**
- **Utilization of Evidence Based Practice**
- **Mentoring**
- **Core Values of the Pharmacy Department**

Please describe a situation involving the pharmacist you are nominating that clearly demonstrates how he/she meets the criteria for this award.

The PACE Award:

Thank you for taking the time to nominate an extraordinary pharmacist for this award. Please tell us about yourself, so that we may include you in the celebration of this award should the pharmacist you nominated be chosen.

Your name: _____ Dept/Unit: _____

Phone: _____ Email: _____ Pager: _____

I am (please check one): Pharmacy Staff___ RN___ MD___ Staff___ Volunteer___

Patient___ Family/Visitor___

Date of nomination: _____

Manager Acknowledgement: I acknowledge that this pharmacist is in good standing.

Signed: _____ Title: _____

All nominations will be considered for the semi-annual **The PACE Award**. Nominations are reviewed by the Nursing and Pharmacy Recognition Committee that meets monthly. One nominee is selected for each campus. Please submit all nominations to Richard Hascup in the Outpatient (Ambulatory) Pharmacy. If you have questions, please contact Richard at (302) 744-6616.

