



Deadline – November 24th, 2023

Information about the nominee: Please provide complete information about the nominee so he/she receives a comprehensive review. If you need more space than what is provided, you may continue your answers on a separate sheet of paper. Self-Nominations are encouraged.

Nominee _____

Home Address _____

City/State/Zip _____

Email _____

Professional Status:

The nominee is a CARE member Owner: Yes [] No []

If yes,

- Number of years as a practicing Pharmacist

0-10 years []

10-20+ years []

- Number of years as a CARE Cooperative Member

0-10 years []

10-20 years []

Greater than 20 years []

A. Professional Affiliations and Activities: (List national, state or local organizations including offices held, length of service and name of professional organization)
