

## **Deadline – November 24<sup>th</sup>, 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 []
lf yes,	
• Number of years as a practicing I	Pharmacist
0-10 years [ ]	10-20+ years [ ]
<ul> <li>Number of years as a CARE Coop 0-10 years [] 10-20 years [] Greate</li> <li>A. Professional Affiliations and Activities: including offices held, length of service and</li> </ul>	<b>r than 20 years [ ]</b> (List national, state or local organizations

**Brief Biography:** (with specific reference to experience and skills which you can utilize to expand the continued growth of the CARE Organization). Please keep under one full page.

Submitted by: (Nor	ninator – self nominations permitted):
Nominator's Name	
Address	
City/State/Zip	
Email	
	inee

## Return Nomination by deadline, November 24<sup>th</sup>, 2023, to: Sherri Cherman, Secretary of the Board.

## Fax 877-682-7654 or

e-mail to wberrady@carepharmacies.com

Additional information may be submitted as an attachment