



2024 NCPA WILLARD B. SIMMONS INDEPENDENT PHARMACIST OF THE YEAR AWARD Official Nomination Form

The NCPA Willard B. Simmons Independent Pharmacist of the Year Award recognizes an independent pharmacist for exceptional leadership and commitment to independent pharmacy and the community.

The winner of this award will receive an engraved commemorative plaque, a \$1,000 cash award, travel expenses to NCPA's 126th Annual Convention, October 26-29, 2024 in Columbus, OH. Accommodations for up to three nights, coach airfare for recipient, \$1,000 to the school/college of pharmacy of choice designated by the award recipient, and a complimentary convention registration for recipient and guest.

Candidates for the NCPA Willard B. Simmons Independent Pharmacist of the Year Award must be an NCPA member and an owner or manager of an independent pharmacy. Self-nominations are acceptable.

The award bears the name of Willard B. Simmons of Chicago, Illinois, a long-time NCPA Foundation board member and retired NCPA executive secretary who exemplified outstanding leadership and commitment to independent pharmacy during his long career.

ALL NOMINATIONS MUST BE SUBMITTED ON AN OFFICIAL NOMINATION FORM BY *July 15, 2024*

Nominee _____

Home Address _____

City/State/Zip _____

Pharmacy _____

Email Address _____

NOMINEE'S PROFESSIONAL DEGREES:

B.S. *Where obtained:* _____ Year _____

Pharm.D *Where obtained:* _____ Year _____

M.S. *Where obtained:* _____ Year _____

Ph.D. *Where obtained:* _____ Year _____

Other *Where obtained:* _____ Year _____



PROFESSIONAL SERVICE

A. Offices Held

Please list below any offices held in NCPA and/or in state or local professional organizations.

B. Committee Service

Please list below national, state, or local committee appointments held; length of service, and name of the professional organization.

C. COMMUNITY ACTIVITIES

Outline any civic activities in which the nominee has been or is currently involved.

D. SUPPORTING DATA

The nominee should have contributed significantly and consistently to advancement and recognition of independent pharmacy. Please indicate any programs and activities in which the nominee is directly involved that have benefited independent pharmacy. Press clippings, photos, etc. may be attached to this application. Any written attachments should not exceed two pages.

SUBMITTED BY (Nominator):

Nominator's Names _____

Address _____

City/State/Zip _____

Email Address _____

Relation to Nominee _____

Please return this application by July 15 to:

Donna Johnson

NCPA

100 Daingerfield Road

Alexandria, VA 22314

703-683-3619 (Main Fax)

571-549-4013 (Secondary Fax)

Donna.johnson@ncpa.org