**2023 FAPA AWARDS**

**About the Awards**

In this year's FAPA Congress, FAPA will recognize the most outstanding and inspirational pharmacists who have exhibited exemplary leadership and excellence in their field and contributed to their country and the international pharmacy community through FAPA.

This year, FAPA Council Members are encouraged to search for deserving nominees for the following awards:

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| **FAPA Section Awards**Since 1986, FAPA recognizes Asian pharmacists who are renowned for their excellence and dedication to create impact to society through their contributions in their fields of practice. This year, FAPA expanded the 5 pharmacy practice categories of the Ishidate Award to the 7 FAPA sections to recognize their contributions to FAPA section initiatives during the Opening Ceremony of the FAPA Congress.**Qualifications**Supporting documents of the nomination must demonstrate the following:* Academic background
* Work experience
* Membership to professional, pharmaceutical or health-related organizations
* Relevant publications in peer-reviewed journals and presentations made during pharmacy meetings
* Continuing professional development
* Participation in FAPA Congress/ Activities

**Who can nominate**FAPA Bureau Members (except awards committee members) and Member Associations may nominate only one individual for each section. Section Chairpersons may nominate one individual only in their section. | **FAPA Young Pharmacist Award**For the first time this 2023, FAPA will recognize aspiring pharmacists under 40 years old who have shown excellence and leadership early in their careers. This award, presented during the Closing Ceremony of the FAPA Congress, aims to encourage more young pharmacists to contribute to the development of the pharmacy profession in our region through FAPA initiatives.**Qualifications**All nominees must provide supporting documents that demonstrate the following:* Age under 40 at the time of submitting the nomination
* Academic background
* Work experience
* Membership to professional, pharmaceutical or health-related organizations
* Significant or outstanding contributions that benefited the society through the pharmacy profession.
* The contributions having demonstrable impact and influence on the advancement of the pharmacy profession and the greater society.
* Showing recognizable leadership and inspiration to the pharmacy community within and across national borders, and be exemplary in nature.
* FAPA activity/project proposal

**Who can nominate**FAPA Council Member (except Awards Committee Members) are encouraged to search and nominate 1 candidate for this category. Up to 3 awardees may be selected. |

**Nomination Process**

All nominations by the FAPA council or bureau members must be submitted to the FAPA Secretariat by email at fapaasiahq@gmail.com after collecting all supporting documents. Self-nominations are discouraged and submissions from outside the FAPA Council will not be considered.

**Required Documents**

The following documents must be completed and verified submitted for each nominee:

* A high-resolution portrait photo in .png or .jpg format
* Completed application form
* A short nomination letter containing a write- up in paragraph form (not more than 350 words) summarizing the accomplishments and contributions of the nominee to FAPA and to the pharmacy profession as appropriate to their award category.
* Curriculum vitae

Nominators should provide a digital copy of supporting documentation including certificates, links to publications and any other notable achievements of the nominee to the FAPA Secretariat before the deadline. Additional documentation may be requested anytime by the secretariat and Awards committee.

**Screening and Selection**

The FAPA Secretariat shall collect, validate and compile all submitted nominations for the FAPA Awards. The FAPA Awards Committee holds the right to recommend the criteria and points system for the screening eligible nominees and selection of awardees before applying it in the screening and selection process of each award. The result of the final selection process of the FAPA Awards Committee will be submitted to the FAPA Bureau for announcement to the FAPA Council.

**Deadline of Nominations**

All nominations will only be accepted until June 30th 2023. Evaluation of all nominations will be held on July 15th, 2023. The results of the selection will be announced to the council and the awardees on August 15th, 2023.

**Prize**

All awardees shall receive a certificate of recognition and a medal to be presented in the opening ceremonies of the FAPA Congress.

*Updated 02 Apr 2023*

**NOMINATION FORM**

**AWARD CATEGORY**

*Please select by placing a check mark 🗹 before the award name. Select only one.*

🞏 FAPA Section Award

🞏 FAPA Young Pharmacist Award

*For FAPA Section Awards only, select one category.*

 🞏 Community Pharmacy Section

 🞏 Pharmacy Education Section

 🞏 Industrial Pharmacy and Marketing Section

 🞏 Scientific Section

 🞏 Hospital and Clinical Pharmacy Section

🞏 Social and Administrative Pharmacy Section

🞏 Medicines and Health Information Section

**NOMINEE INFORMATION**

***Personal Information***

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Email address** |  |
| **Mobile No** |  |
| **Birth Date** |  |

***Employment Information***

*Describe the nominee’s current occupation*

🞏 Retired 🞏 Employed 🞏 Self-Employed

*Fill out the applicable information about the nominee’s current occupation.*

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| --- | --- |
| **Company/ Business Name** |  |
| **Current position** |  |
| **Address** |  |
| **Website** |  |
| **Email address** |  |

**1. ACADEMIC BACKGROUND**

*Fill out the table from most recent to oldest degrees formally obtained.*

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| **Degrees/ Major** | **School/University** | **Year Graduated** |
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*Notes: table could be extended for more information listed but not more than this (one) page.*

**2. PREVIOUS AWARDS AND RECOGNITIONS**

*Fill out the table from most recent to oldest awards and recognitions received.*

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| **Awards Received** | **Given by** | **Date/ Venue** |
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**3. WORK EXPERIENCE**

*Fill out the table from most recent to oldest work experience.*

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| **Positions held** | **Establishment/ Institution** | **Years** **(Beginning - End)** |
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**4. AFFILIATION IN PROFESSIONAL ORGANIZATIONS**

*Fill out the table from most recent to oldest positions held in professional organizations.*

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| **Positions held** | **Professional Organization** | **Years****(Beginning – End)** |
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**5. PUBLICATIONS/ COMPLETED RESEARCHES**

*Make a list of* ***most recent to oldest publications and researches*** *using the template below:*

***Research publications in a scientific journal***

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| **Title**  |  |
| **Participation** | **🞏** Main Author **🞏** Co - Author |
| **Year Published** |  |
| **Journal/ URL** |  |

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| --- | --- |
| **Title**  |  |
| **Participation** | **🞏** Main Author **🞏** Co - Author |
| **Year Published** |  |
| **Journal/ URL** |  |

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| --- | --- |
| **Title**  |  |
| **Participation** | **🞏** Main Author **🞏** Co - Author |
| **Year Published** |  |
| **Journal/ URL** |  |

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| --- | --- |
| **Title**  |  |
| **Participation** | **🞏** Main Author **🞏** Co - Author |
| **Year Published** |  |
| **Journal/ URL** |  |

*Notes: List could be extended for more researches by copy-pasting the template above and may exceed this page.*

***Completed researches NOT published in a scientific journal***

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| **Title of Research** |  |
| **Participation** | **🞏** Primary Investigator **🞏** Co - Investigator |
| **Year Completed** |  |
| **Grant/ Funding/ Institution involved** |  |
| **URL*****(if accessible online)*** |  |

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| --- | --- |
| **Title of Research** |  |
| **Participation** | **🞏** Primary Investigator **🞏** Co - Investigator |
| **Year Completed** |  |
| **Grant/ Funding/ Institution involved** |  |
| **URL*****(if accessible online)*** |  |

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| **Title of Research** |  |
| **Participation** | **🞏** Primary Investigator **🞏** Co - Investigator |
| **Year Completed** |  |
| **Grant/ Funding/ Institution involved** |  |
| **URL*****(if accessible online)*** |  |

*Notes: List could be extended for more researches by copy-pasting the template above and may exceed this page.*

**6.1. ORAL AND POSTER PRESENTATIONS/INVITED SPEAKERS**

*Make a list of* ***most recent to oldest presentations*** *made using the template below:*

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| **Title**  |  |
| **Type** | **🞏** Oral Presentation **🞏** Poster Presentation **🞏** Invited Speaker |
| **Date presented** |  |
| **Conference name**  |  |
| **City, Country** |  |

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| **Title**  |  |
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| **Date presented** |  |
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| **City, Country** |  |

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| **Title**  |  |
| **Type** | **🞏** Oral Presentation **🞏** Poster Presentation **🞏** Invited Speaker |
| **Date presented** |  |
| **Conference name**  |  |
| **City, Country** |  |

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| **Title**  |  |
| **Type** | **🞏** Oral Presentation **🞏** Poster Presentation **🞏** Invited Speaker |
| **Date presented** |  |
| **Conference name**  |  |
| **City, Country** |  |

*Notes: List could be extended for more presentations by copy-pasting the template above and may exceed this page.*

**6.2. ATTENDANCE TO OTHER CONFERENCES**

*Fill out the table from* ***most recent to oldest conferences*** *attended, and please specify if participation from any of the following categories:*

* Invited Speaker
* Participant

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| **Date** | **Conference Name** | **Country** | **Participation** |
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**7. ATTENDANCE TO FAPA CONGRESS**

*Fill out the table from* ***most recent to oldest FAPA Congress*** *attended, please specify if participation from any of the following categories:*

* Chair of the committee
* Member of the committee
* Previous FAPA Bureau Member
* FAPA Council Member
* Section Chair/Co-chair
* Invited Speaker
* Oral Presenter
* Poster Presenter
* Participant

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| **Year** | **City, Country** | **Categories of Participation** |
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*Notes: table could be extended for more information listed but not more than this (one) page.*

**8. CONTRIBUTIONS TO THE PHARMACY PROFESSION AND FAPA INITIATIVES**

***Briefly describe*** *the nominee’s* ***most recent to oldest contributions,*** *evidence/ documentations must be attached/ submitted by email.*

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| **Year** | **Field/ Area of Pharmacy** | **Contribution**(Briefly Describe) |
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*Notes: table could be extended for more information listed but not more than this (one) page.*

**9. FAPA ACTIVITY/PROJECT PROPOSAL (For Young Pharmacist Awards Nominees Only)**

*Describe the nominee’s future FAPA related proposal of activities or projects. Include problem statement, objectives, methods, and timeline for implementation.*

**10. EVIDENCE/ DOCUMENTATION**

*For supporting documents, please* ***attach a ready to print single pdf file****, arranged in order of being mentioned in this nomination form. The nomination form and the file containing the supporting documents must be submitted in an email to the FAPA Headquarters at* fapaasiahq@gmail.com***not later than June 30 , 2023.***

**CERTIFICATION FROM THE FAPA Council or Bureau Member**

***Please check the statement if you agree.***

|  |
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| 🞏 I hereby certify that the nominee is a member of good standing of the corresponding FAPA member association in their country, and that all of the above information including the supporting documents have been verified to be true.**Name of nominator:** **Position in the council/bureau:** **Signature of nominator:****Date:** |

-END-