



Canadian Association of Pharmacy Students and Interns (CAPSI)  
 University of British Columbia  
 2405 Wesbrook Mall  
 Vancouver, British Columbia, V6T 1Z3  
 www.capsiubc.com

## CAPSI AWARD OF PROFESSIONALISM APPLICATION FORM

The CAPSI Award of Professionalism is an annual award that recognizes a pharmacy student who demonstrates high degree of professionalism in pharmacy. The successful recipient will be presented with an engraved plaque and will be recognized at the CAPSI Annual General Meeting in November.

Examples of professionalism includes but are not limited to:

- Actively promoting the profession
- Participating in events and initiatives related to pharmacy
- Developing a new event, initiative, or fundraiser related to pharmacy

### AWARD ELIGIBILITY

The applicant must be a CAPSI General Student Member. Members of the current CAPSI UBC Council or CAPSI National Council are not eligible for the award.

### INSTRUCTIONS

- a) All applications must be completed and submitted as a Word document via email by 11:59 PM PT on Saturday, October 31<sup>st</sup>, 2020 to **Celia Ma** at [ubcjr@capsica](mailto:ubcjr@capsica). No late applications will be accepted.
- b) All applicants must also submit two (2) nomination letters signed by two (2) nominators, both of which must be CAPSI General Student Members (excluding the CAPSI UBC Senior, Junior, or Year Representatives).
- c) The application form and nomination letters must be typed in Times New Roman font in size twelve (12). The margins of the documents must not be altered.

### QUESTIONS

For any questions, please direct them to your Year Representative:

- First Year Representative – [firstyear\\_rep@capsica](mailto:firstyear_rep@capsica)  
 Second Year Representative – [secondyear\\_rep@capsica](mailto:secondyear_rep@capsica)  
 Third Year Representative – [thirdyear\\_rep@capsica](mailto:thirdyear_rep@capsica)  
 Fourth Year Representative – [fourthyear\\_rep@capsica](mailto:fourthyear_rep@capsica)

<b>APPLICANT INFORMATION</b>			
First Name:		Last Name:	
Email:		Year of Study:	



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**Part A.**

Use the page provided to describe how you have contributed to a high degree of professionalism to the profession of pharmacy.

[Click here to enter text.](#)



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**Part B.**

Use the page provided to outline activities in which you have participated that have developed your professional skills in pharmacy. These include but are not limited to extracurricular activities, volunteer experiences, clubs or organizations, and employment. Please indicate the dates, number of hours worked, and a brief description of the activity.

[Click here to enter text.](#)



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Part C.

Use the page provided to include a nomination letter from a CAPSI General Student Member (excluding the CAPSI UBC Senior, Junior, or Year Representatives)

<b>NOMINATOR INFORMATION #1</b>			
First Name:		Last Name:	
Email:		Year of Study:	

[Click here to enter text.](#)



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Part D.

Use the page provided to include a nomination letter from a CAPSI General Student Member (excluding the CAPSI UBC Senior, Junior, or Year Representatives)

<b>NOMINATOR INFORMATION #2</b>			
First Name:		Last Name:	
Email:		Year of Study:	

[Click here to enter text.](#)