**FHOPA Nomination Form**

Nominators: To complete this form, click on each gray box, type in your responses, and save the document. Once complete, **email this form directly to HOPA,** **info@hoparx.org****, by October 10, 2024.**

*There is no limit to the length of your answers.*

*Note: Please do not submit this form unless requested to do so by a FHOPA candidate. Unsolicited nominations will not be considered.*

Candidate Name click here and type response

Nominator Name click here and type response Email click here and type response

1. On what level do you know the applicant?

[ ]  HOPA Member [ ]  Work Colleague [ ]  Personal [ ]  Other

2. How long have you known the applicant?

[ ]  1-2 years [ ]  3-5 years [ ]  6-10 years [ ]  Over 11 years

I support this candidate’s Fellow status based on the following evidence:

3. Describe the candidate’s sustained contribution to HOPA.

click here and type response

4. Describe the candidate’s practice contributions to the field of hematology/oncology pharmacy.

click here and type response

5. Describe the candidate’s impact related to original research.

click here and type response

6. Describe the candidate’s volunteer service and philanthropic activities.

click here and type response