

Oklahoma Society of Health-System Pharmacists
Sylvia J. Martin Outstanding Technician Award Application

Name: _____

Address: Street: _____

City: _____ State: ____ Zip: _____

Telephone Number: _____

Do you have an Oklahoma Technician permit? Yes ____ No ____

Other technician permits or certifications: _____

How many years have you worked as a technician in health-system pharmacy? _____

Vocation and other educational experiences:

High School attended: _____

Graduation year: _____

College attended: _____

Graduate? Yes ____ No ____

Year graduated: _____ Degree earned: _____

Place(s) and years of technician training: _____

Pharmacy employment history:

Institution: _____

Years: _____

Institution: _____

Years: _____

Institution: _____

Years: _____

Professional Membership(s):

OSHP: Yes ___ No ___

Other Organizations: _____

Description of professional & community activities such as:

Participating in continuing education or other educational programs in the past two years:

Examples of achievements at institution: (what aspects of your work as a technician are you particularly proud of?)

Recognition at institution: _____

Community service and/or recognition: _____

Is there anything else you would like the committee to consider in your application for this award? (Please use the other side of this page).

Application should be mailed by **March 10th** to:
Oklahoma Society of Health-System Pharmacists
P. O. Box 18731
Oklahoma City, OK 73154