

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

Name: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

E-mail Address _____

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

Other technician permits or certification: _____

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 ___

Graduation year: _____ 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:

Participation 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.)

Please submit applications **by March 15, 2010** to: Michele Y. Splinter, Pharm.D.; Chair, OSHP Scholarship and Awards Committee, University of Oklahoma HSC, College of Pharmacy, Department of Pharmacy: Clinical & Administrative Sciences, P.O. Box 26901, Oklahoma City, OK 73126-0901. (FAX 405-271-6430, e-mail: michele-splinter@ouhsc.edu.)