

# 2025 Leslie Dan Faculty of Pharmacy Alumni Awards Individual Nomination Form

The Leslie Dan Faculty of Pharmacy Alumni Awards are a suite of annual awards that recognize our outstanding alumni for their exceptional accomplishments and contributions to the Leslie Dan Faculty of Pharmacy's education and/or research work and reputation. These alumni have earned community, provincial, national and/or international prominence due to their outstanding professional achievements and/or service to their profession, have contributed in a meaningful way to enhance Faculty life, and are an inspiration to the pharmacy/pharmaceutical science community and beyond. Please note:

- These awards are open to all alumni who have not previously received the same award and who meet the University of Toronto's definition of alumni
- While nominees may provide information to the nominator that assists with the completion of this application, we do not accept self-nominations
- Nominations close at midnight on **May 31, 2025**

Please refer to the website for nomination criteria, alumni definition and award categories.

<https://www.pharmacy.utoronto.ca/alumni-donors/leslie-dan-faculty-pharmacy-alumni-awards>

required

Please begin by sharing your information as a nominator:

1. Nominator First Name \*

2. Nominator Last Name \*

3. Nominator Email \*

Please enter an email

4. Nominator Phone Number \*

5. Nominator Job Title and Employer \*

Please tell us more about the person you are nominating

6. Nominee First Name \*

7. Nominee Last Name \*

8. Nominee Former Name (if known)

9. Nominee Email Address \*

10. Nominee Phone Number \*

11. Indicate degree(s) obtained from the Leslie Dan Faculty of Pharmacy \*

BScPhm

PharmD

MSc PharmSci

MSc Pharmacy

PhD

IPG

Other

12. Year(s) of graduation \*

13. Other Academic degrees, honours, and distinctions

14. Nominee's current job title and employer \*

## Individual Awards Categories

Please indicate which category you are nominating for.

Note that nominee category can be changed at the discretion of the selection committee to better reflect the merits of the nomination package

### 15. Award Category \*

- Hall of Distinction Award
- Alumni Service Award
- Leadership in Pharmacy Practice Award
- Leadership in Pharmaceutical Sciences Award
- Emerging Leader in Pharmacy Practice Award
- Emerging Leader in Pharmaceutical Sciences Award

## Career Achievements and Highlights

16. Approximately how many years has the nominee worked in their field? \*

1-5 years

6-10 years

11-15 years

16-20 years

21+ years

17. Describe the nominees' professional achievements. (500 characters max. Point form is encouraged) \*

Please enter at most 500 characters

18. List up to 5 achievements the nominee has made in their field that you believe to be outstanding given the stage of their career. (500 characters max. Point form in encouraged) \*

Please enter at most 500 characters

19. Describe how the nominee is an inspiration to others in their field. (500 characters max. Point form in encouraged) \*

Please enter at most 500 characters

## Connection to the Leslie Dan Faculty of Pharmacy

20. Describe how the nominee has maintained a connection to the Leslie Dan Faculty of Pharmacy. Please be as specific as possible. (500 characters max. Point form in encouraged) \*

Please enter at most 500 characters

21. Describe how the nominee's participation in Faculty life has enhanced the reputation and/or overall strength of the work of our Faculty. Please be as specific as possible. (500 characters max. Point form in encouraged) \*

Please enter at most 500 characters

22. Describe how the nominee acted as an ambassador of the Faculty to other organizations, institutions, and individuals. i.e. how has the faculty gained in it's stature or reputation based on the nominee's activities. Please be as specific as possible. (500 characters max. Point form in encouraged) \*

Please enter at most 500 characters

23. Please confirm (to the best of your knowledge) that the nominee's service acts were as a volunteer and that remuneration was not provided (if applicable) \*

- Yes
- No
- Other

24. To your knowledge, has the nominee been officially recognized with an award by the University of Toronto or the Leslie Dan Faculty of Pharmacy \*

- Yes
- No

25. If yes, please list and describe the award(s) \*

26. How would you highlight this nominee's impact in a brief caption? (150 characters max.) \*

Please enter at most 150 characters

## Supplementary Documentation

**In order to complete your nomination, you must email a current CV for your nominee to [alumni.pharmacy@utoronto.ca](mailto:alumni.pharmacy@utoronto.ca) before the end of the nomination period.**

### Privacy Statement


The University respects your privacy. The information gathered through this nomination process is collected to administer the Leslie Dan Faculty of Pharmacy Alumni Awards and used for the administration of the University's advancement and administrative activities undertaken pursuant to the University of Toronto Act, 1971. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to [www.utoronto.ca/privacy](http://www.utoronto.ca/privacy) or contact the University's Freedom of Information and Protection of Privacy Office at (416) 946-7303, McMurrich Building, Room 20,112 Queen's Park Crescent West, Toronto, Ontario M5S 1A8.

27. I acknowledge that I will email a current CV to the Alumni email before the nomination period closes \*

I agree

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