

# 2022/2023 SUBMISSION FORM

# HOPE

HONOURING  
ONCOLOGY  
PHARMACY  
EXCELLENCE

# AWARDS



Supported by the Apobiologix Partnership Program (APP)

## SUBMISSION CONSIDERATION

- Candidates must have achieved measurable success in oncology practice in the selected award category.
- The submission form must be completed in full and accurately.
- Supporting evidence must be provided at the time of submission.
- Candidates must be a pharmacist practising in Canada, with a practice that includes oncology.
- Qualified candidates may also make a submission on behalf of a team.
- Only one submission per candidate is allowed in an annual award cycle.

### **Please answer all questions and attach all necessary supporting information.**

All submissions will be evaluated by a panel of expert judges from across Canada. Submissions will be evaluated against the award criteria in each category.

There will be a first-place and second-place winner in each category. In addition to cash awards, there may be an opportunity for first-place winners to present their achievement at the 2023 Apobiologix Symposium at the Canadian Association of Pharmacy in Oncology (CAPHO) Conference.

**DISCLAIMER:** All buying/prescribing decisions for Apobiologix products are made independently of the unrestricted support of this program. The purchase of Apobiologix products is not required to be a participant in the program. Any awards given are not in exchange for a purchase of Apobiologix products nor a promise to purchase Apobiologix products.

# SUBMISSION FORM



## CANDIDATE INFORMATION

*Candidate's Name*

*Candidate's Place of Work & Title*

*Address*

*Phone*

*Email*

## IF YOU ARE SUBMITTING ON BEHALF OF A GROUP, PLEASE LIST ALL OTHER GROUP MEMBERS, THEIR TITLE, PLACE OF WORK & EMAIL.

*Group Member Name #1*

*Group Member#1: Place of Work, Title and Email*

*Group Member Name #2*

*Group Member#2: Place of Work, Title and Email*

*Group Member Name #3*

*Group Member#3: Place of Work, Title and Email*

*For additional Group Members please use the space below*

I acknowledge that I have the appropriate authority to submit this application on behalf of me and my institution, and that the information within is accurate and true.

Please be mindful of patient confidentiality and the disclosure of personal information under HIPAA regulations.  
Do not include confidential patient information in this submission.

Please e-mail this form & supporting information by January 31, 2023 to  
[pharmacyawards@HOPE-AWARDS.com](mailto:pharmacyawards@HOPE-AWARDS.com).

Please contact us for more information on the process or with any questions.

# SUBMISSION FORM



## ABOUT YOU

The HOPE Awards are interested in learning more about you and your journey to this point as a pharmacist wanting to make a difference in oncology. This information will be kept confidential and will not be shared without prior approval and permission.

*How did you get started in the field of pharmacy?*

*Where have you worked over the last 3 years?*

*What have you done to personally excel in your profession? (Continuous training, seminars, etc.)*

*In your current position what are your roles and responsibilities and how do they relate specifically to oncology?*

## ABOUT THE AWARD

**For which category are you applying for a HOPE Award in Pharmacy? (please select one)**

- Education: of pharmacy learners, peers or patients
- Inter-professional programs to support patient care
- Sustainability and/or efficiency efforts

# SUBMISSION FORM

## ABOUT YOUR ACCOMPLISHMENT

Project title:

*Minimum word count about your accomplishment: 1000*

### THE WHY

Background information

*Describe the situation prior to embarking on your initiative*

### THE WHAT

Objectives

*What did you set out to accomplish?*

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## THE HOW

### Project content

***What exactly did you do and how did you do it?***

Please attach any relevant documents that outline the project/program content

## THE RESULT

### Outcomes

***What were the results of your initiative and how did you measure impact?***

***What, if any, longer term impact has your work had on the practice of oncology pharmacy?***

Please attach any relevant documents that outline measurable results and describe longer term impact

Please attach all supplementary information (data, reports, publications, testimonials, etc.)  
that will help to evaluate your submission.