2026/2027 SUBMISSION FORM

HOPE AWARDS

HONOURING ONCOLOGY PHARMACY EXCELLENCE

EST. 2019

Organized by an independent expert committee, supported by the Apobiologix Partnership Program (APP)

SUBMISSION CONSIDERATIONS

- Candidates must have achieved measurable success in oncology practice in the selected award category (measurable success does not have to be quantitative if it does not relate to your project. Success can be a survey, customer satisfaction, organizational improvement, etc. with proof of success).
- 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, DAN or pharmacy technician practicing 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.
- Applicants may submit a maximum of **3 unique projects** per award cycle. There is no limit on the number of projects you may contribute to as a team member.

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. Judges will use a metric based rubric to determine award winners. There is a minimum score that must be achieved for a project to be considered for an award.

Top projects and honourable mention projects will be awarded across all categories. In addition to cash awards, there may be an opportunity for Top Project winners to present their achievement at the 2027 Apobiologix Symposium at the Canadian Association of Pharmacy in Oncology (CAPhO) 2027 Conference.

DISCLAIMER: *The HOPE Awards is proudly sponsored by Apobiologix/Apotex through an unrestricted grant and independent of all buying/prescribing decisions for Apobiologix/Apotex products. The purchase of Apobiologix/Apotex products is not required to be a participant in the program. Support of HOPE is not given in exchange for a purchase of Apobiologix/Apotex products nor a promise to purchase Apobiologix/Apotex products.*

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CANDIDATE INFORMATION

Candidate's Name	
Candidate's Place of Work & Title	
Phone	*Email*
Nominated by	
Nominator's contact	
Confirmation from nominee ◯ Yes ◯ No	

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.

ABOUT THE AWARD

Are you (or your group members) planning to attend the CAPhO 2026 Conference?

◯ Yes ◯ No ◯ Some of my group will attend

Please list names

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 23, 2027 to pharmacyawards@hope-awards.com.

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

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ABOUT YOU

The HOPE Awards are interested in learning more about you and your journey to this point as a pharmacist (or DAN/ pharmacy tech) 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?
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? (please select one)

- ◯ Teaching, Education, and Learning
- ◯ Inter-professional programs to support patient care
- ◯ Sustainability and/or efficiency efforts
- ◯ HOPE + (only open to DANs and Pharmacy Technicians)

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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

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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.

Supplementary materials should take no more than 10 minutes to review.

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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.

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