



**2019 NCPA WILLARD B. SIMMONS  
INDEPENDENT PHARMACIST OF THE YEAR AWARD  
Official Nomination Form**

The NCPA Willard B. Simmons Independent Pharmacist of the Year Award recognizes an independent pharmacist for exceptional leadership and commitment to independent pharmacy and the community.

The winner of this award will receive an engraved commemorative plaque, a \$1,000 cash award, travel expenses to NCPA's 121th Annual Convention, October 26-29, 2019 in San Diego, CA. Accommodations for up to three nights, coach airfare for recipient, \$1,000 to the school/college of pharmacy of choice designated by the award recipient, and a complimentary convention registration for recipient and guest.

Candidates for the NCPA Willard B. Simmons Independent Pharmacist of the Year Award must be an NCPA member and an owner or manager of an independent pharmacy. Self-nominations are acceptable.

The award bears the name of Willard B. Simmons of Chicago, Illinois, a long-time NCPA Foundation board member and retired NCPA executive secretary who exemplified outstanding leadership and commitment to independent pharmacy during his long career.

**ALL NOMINATIONS MUST BE SUBMITTED ON AN  
OFFICIAL NOMINATION FORM BY July 19, 2019**

Nominee \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Pharmacy \_\_\_\_\_

Email Address \_\_\_\_\_

**NOMINEE'S PROFESSIONAL DEGREES:**

B.S      *Where obtained:* \_\_\_\_\_      Year \_\_\_\_\_

Pharm.D      *Where obtained:* \_\_\_\_\_      Year \_\_\_\_\_

M.S.      *Where obtained:* \_\_\_\_\_      Year \_\_\_\_\_

Ph.D.      *Where obtained:* \_\_\_\_\_      Year \_\_\_\_\_

Other      *Where obtained:* \_\_\_\_\_      Year \_\_\_\_\_



**PROFESSIONAL SERVICE**

**A. Offices Held**

*Please list below any offices held in NCPA and/or in state or local professional organizations.*

---

---

**B. Committee Service**

*Please list below national, state, or local committee appointments held; length of service, and name of the professional organization.*

---

---

**C. COMMUNITY ACTIVITIES**

*Outline any civic activities in which the nominee has been or is currently involved.*

---

---

**D. SUPPORTING DATA**

*The nominee should have contributed significantly and consistently to advancement and recognition of independent pharmacy. Please indicate any programs and activities in which the nominee is directly involved that have benefited independent pharmacy. Press clippings, photos, etc. may be attached to this application. Any written attachments should not exceed two pages.*

---

---

**SUBMITTED BY (Nominator):**

Nominator's Names \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Relation to Nominee \_\_\_\_\_

***Please return this application by July 19 to:***

**Donna Johnson**

**NCPA**

**100 Daingerfield Road**

**Alexandria, VA 22314**

**703-683-3619 (Main Fax)**

**703-836-7149 (Secondary Fax)**

**Donna.johnson@ncpanet.org**