



**Canadian Society of Hospital Pharmacists
Soci t  canadienne des pharmaciens d'h pitaux**

**APPLICATION FOR HOSPITAL PHARMACY RESIDENCY AWARD
(in conjunction with NB Branch CSHP)**

Name: _____

Address (valid in November 2007): _____

Email (valid in November 2007): _____

Title of Project: _____

Sponsoring Hospital: _____

Program Director: _____

Enclose with this application form:

- a) Three (3) hard copies plus one copy on disc of major project manuscript.
All references to author (resident) and hospital must be deleted.
- b) Project abstract (150-200 words) with title page including the name of the author (resident), Program Director and hospital.

Return to Awards Committee by June 30, 2007

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