



CANADIAN PHARMACIST OF THE YEAR AWARD CONSENT OF NOMINEE

I, _____,
Name of Nominee

hereby acknowledge and consent to my nomination for CPhA's Canadian Pharmacist of the Year Award.

I, _____,
Name of Nominee

consent to a background check that may be conducted by CPhA or its designated representatives to ensure that I meet the criteria and requirements for this Award.

This background check may include but is not limited to:

- Professional disciplinary action
- Criminal convictions
- Social media behaviour
- Any other legal or ethical matters that are inconsistent with the values and principles of the Award

I also acknowledge that my consent to this background check is voluntary. I understand that the information obtained as a result of the background check will be kept confidential and used solely for the purpose of evaluating my eligibility for the Award.

By signing this consent form, I affirm that I have read and understand the terms and conditions outlined in this document and hereby provide my full and informed consent for my nomination for the Canadian Pharmacist of the Year Award and for the background check as described.

Name of Nominee

Signature of Nominee

Date