Bowl of Hygeia Rating Form

The recipient of this award will be chosen based off of the criteria and scoring listed below.

Criteria for Award Nominees:

1. The recipient must be a pharmacist licensed to practice in North Dakota.
2. The recipient must be a member of NDPhA.
3. The recipient must be living.
4. The recipient cannot be a previous recipient of the award.
5. The recipient must demonstrate a high degree of community involvement and professional service.

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| --- | --- | --- | --- | --- | --- |
|  |  | Points Awarded | | | |
| Category | Points Assigned | Name: | Name: | Name: | Name: |
| Professional Activities (Local, state and national pharmaceutical association memberships, offices, committees) | (15 Points) |  |  |  |  |
| Fraternal Activities (Participation and offices held) | (10 Points) |  |  |  |  |
| Service Clubs (Participation and offices held) | (10 Points) |  |  |  |  |
| Church Activities (Offices, positions and participation) | (10 Points) |  |  |  |  |
| Community Service (Elected offices, governing boards, volunteer groups, business groups, leadership positions) | (40 Points) |  |  |  |  |
| State and National Service (Other than those related to the professions of pharmacy) | (10 Points) |  |  |  |  |
| Military Service (Regular, reserves, national guard) | (5 Points) |  |  |  |  |
| Totals | (100 Points) |  |  |  |  |

**Add any additional comments here:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_