



ALLEN J. BRANDS PHS CLINICAL PHARMACIST OF
THE YEAR AWARD

(This award was previously named the PHS Pharmacist of the Year Award from 1986-1993, and the PHS Clinical Pharmacist of the Year Award from 1994-96)

This award recognizes the achievements of pharmacists in the PHS that provide traditional pharmaceutical services, with primary emphasis on activities accomplished within the past 12-18 months.

Past Recipients:

2008 Dr. Frank Pucino	
2007 Dr. Karim Anton Calis	1996 Dr. Gregory Susla
2006 CDR Christine Chamberlain	1995 LCDR Jeffery J. Gallagher
2005 Dr. Alice K. Pau	1994 Dr. Barry R. Goldspiel
2004 LCDR James Britton	1993 CDR Linda J. Shull
2003 CDR Travis Watts	1992 CDR Jeanette Y. Wick
2002 LCDR Scott Giberson	1991 CDR Paul Jarosinski
2001 CDR William D. Figg	1990 CDR Robert Boyce
2000 LT James L. Bresette	1989 CAPT James C. Yatsco
1999 CDR Vance Gese	1988 CDR James R. Minor
1998 LCDR Patricia J. Pacheco	1987 CDR Gordon W. Reiter
1997 CDR Lisa L. Tonrey	1986 CDR Dorothy Vershure

Selection Criteria:

Be specific to cover all criteria. Be sure to include documentation to areas two and three. Document the activities that were accomplished in last 12-18 months. Include specific dates if appropriate

1. Job accomplished as evidenced by outstanding clinical workload, contracts or grants administered sustained and significant performance levels, new programs developed and implemented, and ability to produce results.
2. Professional standing as evidenced by membership and/or offices held in professional organizations, publication(s) in recognized journals, awards and letters of appreciation.
3. Non-professional standing as evidenced by engagement in outside activities and recognition by community and/or non-professional groups.



U.S. PUBLIC HEALTH SERVICE
Pharmacist Professional Advisory Committee
Department of Health and Human Services

ALLEN J. BRANDS PHS CLINICAL PHARMACIST
OF THE YEAR AWARD COVER SHEET (please print or type)

CANDIDATE'S
GRADE/RANK/NAME: _____

POSITION TITLE: _____

WORK ADDRESS: _____

PROPOSED CITATION (not to exceed 25 words):

RECOMMENDED BY: _____
ADDRESS: _____

PHONE NUMBER: _____

NAME OF CANDIDATE'S
IMMEDIATE SUPERVISOR: _____

SIGNATURE OF IMMEDIATE
SUPERVISOR: _____

ADDITIONAL COMMENTS (OPTIONAL):

