[](http://www.hoparx.org/)

**HOPA Diversity, Equity, and Inclusion (DEI) Award**

**Nomination Form**

Nomination Deadline: **October 1, 2022**

The **HOPA Diversity, Equity, and Inclusion (DEI) Award** recognizes pharmacy practitioners who have demonstrated a commitment to improving DEI within HOPA, their institution, practice area, or the pharmacy profession. Their work may involve DEI initiatives, research, or advocacy and has contributed to advancements in health equity and public health, workforce or organizational diversity and inclusion, and DEI awareness, advocacy, and education. Their work has had positive impacts on oncology pharmacy practice, patients, students, or colleagues in hematology/oncology pharmacy.

**Award:** Recipients of the award are recognized at the HOPA Annual Conference with a personalized plaque.

**Eligibility:** Nominees must be HOPA members in good standing. Consideration will be given to those who have demonstrated a commitment to DEI and whose work exemplifies the core values of the association and align with HOPA’s DEI priorities as outlined in [HOPA’s DEI Statement](https://www.hoparx.org/about/dei-at-hopa). Current members of the HOPA Board of Directors, HOPA Recognition Committee and HOPA staff are not eligible to either nominate or be nominated for this award. Members of the HOPA DEI Committee are eligible for nomination, however their broader contribution to DEI above and beyond their contribution to the initiatives of the committee will be considered. Self-nominations will be accepted.

**Form Directions**: Use the “Tab” feature to move from field to field and type your information into the shaded field. There is no limit to the amount of text that may be typed into each field.

Email the completed nomination form and **a copy of the nominee’s CV** to: [info@hoparx.org](mailto:info@hoparx.org)

Nominations must be e-mailed by **October 1, 2022,** to be considered.

**HOPA DEI Award**

**Nomination Form**

**PART 1**

**Nominator Information**

Name:

Title:

Place of Employment:

Address:

City:       State:       Zip:

Phone:       Fax:

E-mail address:

Names of other nominators (if applicable):

**Nominee Information**

Name and Credentials:

Title:

Place of Employment:

Address:

City:       State:       Zip:

Phone:       Fax:

E-mail address:

Please include a copy of the nominee’s CV.

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**PART 2**

In the spaces below, please indicate how the individual you are nominating fulfills the following criteria for the HOPA DEI Award. For each item, if applicable, please describe the following in detail for the nominee.

***How has the nominee demonstrated a commitment to DEI? This can include, but may not be limited to leadership or involvement in DEI initiatives, health equity research, advocacy, education, etc, This response should adequately represent both the work that the nominee has led or contributed to as well as the impact of that work. Impact may include how the nominee has positively impacted the culture of DEI within HOPA, their institution/organization, practice area, or the pharmacy profession.***

***Nominators may provide 1-2 examples of deliverables from the DEI work that the nominee has led or contributed to that represent the nominees achievements and/or body of work (e.g. abstract, poster, publication, website, tool kit, educational resource, etc).***

***How does the nominee’s work and contributions align with HOPA’s DEI priorities as outlined in the*** [***HOPA DEI Statement***](https://www.hoparx.org/about/dei-at-hopa)***?***

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**PART 3**

In the space below, please provide any additional information you would like the committee to know about the nominee.

**PART 4**

In the space below, please provide a proposed citation for the Award Plaque. (Please limit citation to 25 words or less.):

Example: *A leader and role model who is committed to advancing Diversity, Equity, and Inclusion in oncology pharmacy practice.*