



MARY LOUISE ANDERSEN LEADERSHIP AWARD

(This award was previously named the USPHS Non-Clinical Pharmacist of the Year Award from 1994 to 2002)

This award recognizes the achievements of pharmacists in the PHS in non-traditional or administrative roles, with primary emphasis on activities accomplished within the past 12-18 months.

Past Recipients:

2008 CAPT Justina Molzon	
2007 CAPT Mary Fong	2000 LCDR Robert J. Tosatto
2006 CAPT Chris Bina	1999 CAPT David E. Ellison
2005 CAPT Lisa L. Tonrey	1998 CAPT Jim P. Dowdy
2004 CAPT Mike Montello	1997 CAPT Kenneth L. Spear
2003 LCDR Dana Hall	1996 CDR Russell E. Alger
2002 CDR Charles V. Hoppes	1995 LCDR Robert E. Pittman
2001 CDR Michele F. Gemelas	1994 CDR Charles C. Watson

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. Leadership accomplishment in non-clinical activities as evidenced through
 - a. Outstanding management of multifaceted programs of noteworthy consequence, heavy or complex work loads, contracts or grants administered, sustained and significant performance levels, new programs developed and implemented, and ability to produce results and/or
 - b. Advanced training and deployed status for commissioned corps officers in conjunction with the Office of Force Readiness and Deployment (OFRD).
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

**MARY LOUISE ANDERSEN LEADERSHIP 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):

