

Ken Wurster Community Leadership Award



Nomination form

To submit your application, please email the completed PDF form to CommunityPharmacy@cardinalhealth.com by May 3, 2019.

For more information about the Ken Wurster Community Leadership Award, please visit the "Community and Awards" tab on the RBC website at rbc.cardinalhealth.com.

Part A | Your information

Your name _____
Your pharmacy name(s) _____
Primary account number _____
City _____ State _____ Zip code _____
Phone number _____

Part B | Nominee's information

Nominee's name _____
Nominee's pharmacy name(s) _____
Primary account number _____
If you do not have this information, please type UNKNOWN into the space provided
City _____ State _____ Zip code _____
Phone number _____

Part C | Nomination

Please respond to the questions below. Feel free to attach additional sheets if you need more space.

Describe how the nominee supports his or her community. *What does this person do to go "above and beyond" for his or her customers and community? Who has benefited from this individual's inspirational behavior and how have they benefited? How is this person a role model for others?*