

Ken Wurster Community Leadership Award



Nomination form

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.

1. Describe how the nominee supports his or her community. *What types of activities is the nominee involved with in the community? How does this person make a difference in his or her community? What does this person do to make his or her community a better place to live?*

2. Describe how the nominee inspires others. *Who has benefited from this individual's inspirational behavior and how have they benefited? What does this person do to inspire others in his or her community? How does the nominee demonstrate leadership and bring out the best in others? How is this person a role model for others?*

3. Describe how the nominee always puts the customer first. *What does this person do to go "above and beyond" for his or her customers? How does he or she always make sure customers are serviced? Are there unique services or products the nominee provides to best meet the needs of customers?*

To electronically submit the application, save and email the completed PDF form to michelle.strahine@cardinalhealth.com by March 27, 2015.

For more information about the Ken Wurster Community Leadership Award, visit the RBC website at cardinalhealth.com/rbc.

Community
Pharmacy Advantage

Realizing the power of
independence in business,
retail and wellness.



Retail
Advantage



Wellness
Advantage



Business
Advantage

