



## 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:

2004	CAPT Mike Montello	1998	CAPT Jim P. Dowdy
2003	LCDR Dana Hall	1997	CAPT Kenneth L. Spear
2002	CDR Charles V. Hoppes	1996	CDR Russell E. Alger
2001	CDR Michele F. Gemelas	1995	LCDR Robert E. Pittman
2000	LCDR Robert J. Tosatto	1994	CDR Charles C. Watson
1999	CAPT David E. Ellison		

### 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):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_