



# AMERICAN INSTITUTE OF THE HISTORY OF PHARMACY

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## AIHP STUDENT CERTIFICATE OF RECOGNITION NOMINATION FORM

School or College of Pharmacy: \_\_\_\_\_

Name of student recipient as it should appear on the certificate:

\_\_\_\_\_

If there will there be a formal presentation, please provide the date: \_\_\_\_\_

Please briefly describe or explain the historical achievement or activity for which you are authorizing the student's Certificate of Recognition. (You may attach additional documentation to this form as necessary):

Name of Authorizing Faculty Member: \_\_\_\_\_

Email address of Authorizing Faculty Member: \_\_\_\_\_

Mailing address of Authorizing Faculty Member:

(Certificate of Recognition will be sent to authorizing faculty member unless otherwise requested. Please provide a street address for awards package delivery.)

Please email completed nomination forms to: **[aihp@aihp.org](mailto:aihp@aihp.org)**

— or —

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**777 Highland Avenue**  
**Madison, WI 53705-2222**

\_\_\_\_\_  
Signature of Authorizing Faculty Member

\_\_\_\_\_  
Date

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