



ASHP Pharmacy Practice Sections Executive Committee – Sample Candidate Application

Which position do you want to be considered for ASHP Section Elected Office?

Chair / Director-at-Large

Name, Credentials Jane Smith, PharmD

Primary Job Title Director of Pharmacy

Primary Employer Sample Hospital

Primary Business Address Sample Hospital, 123 Main St., Bethesda, MD 20814

Telephone Numbers

Home N/A

Email jane.smith@sample.com

Cell 301-555-5555*

Business 301-999-9999

*Preference

Please describe your current position and responsibilities (200 words or less):

Example: I am Director of Pharmacy at Sample Hospital in Bethesda, MD. I oversee everything to do with pharmacy.

Which of the following best describes your present career orientation?

(Please check only one – list provided in survey)

Which of the following best describes your present primary position?

(Please check only one – list provided in survey)

Which of the following best describes your present practice experience setting?

(Please check only one – list provided in survey)

Which of the following best describes your present practice setting?

(Please check only one – list provided in survey)

Which of the following best describes your current geography?

(Please check only one – list provided in survey)

Please indicate the number of years you have been a member of ASHP: ____ years

Have you ever served in the ASHP House of Delegates? If yes, please indicate number of years served as alternate and/or delegate.

HOD Alternate: ____ years

HOD Delegate: ____ years

Please indicate the number of years, where applicable, of your memberships and leadership positions in any of the following COUNCILS or COMMISSIONS:

	Member	Vice Chair	Chair	Years Served
Council on Pharmacy Management <i>(formerly Council on Administrative Affairs)</i>				
Council on Education and Workforce Development <i>(formerly Council on Educational Affairs)</i>				
Council on Public Policy <i>(formerly Council on Legal and Public Affairs)</i>				
Council on Pharmacy Practice <i>(formerly Council on Professional Affairs)</i>				
Council on Therapeutics <i>(formerly Commission on Therapeutics)</i>				
Commission on Affiliate Relations <i>(formerly Council on Organizational Affairs)</i>				
Commission on Credentialing				
Commission on Goals				
Pharmacy Technician Accreditation Commission				

Please indicate the number of years, where applicable, of your elected or appointed roles in any of the following:

	Executive Committee Chair (include years served as Chair-Elect or Vice Chair and Immediate Past Chair)	Executive Committee Director-at- Large or Member	Advisory Group/Other Section or Forum Committee Chair/Vice Chair	Advisory Group Member	Educational Steering Committee Member
Ambulatory Care Practitioners <i>(formerly Home, Ambulatory, and Chronic Care Practitioners)</i>					
Clinical Specialists and Scientists					
Community Pharmacy Practitioners					
Digital and Telehealth Practitioners					
Inpatient Care Practitioners					
Pharmacy Educators					
Pharmacy Informatics and Technology					
Pharmacy Practice Leaders <i>(formerly Pharmacy Practice Managers)</i>					
Specialty Pharmacy Practitioners					
New Practitioners Forum					
Pharmacy Student Forum					

Advisory Panels, Task Forces and/or Ad Hoc Committees *(Please specify the Panel/Task Force/Committee Name and number of years):*

Example: PELA Advisory Panel

Have you served an ASHP state affiliate organization (e.g. President, elected officer, committee chair, other)?
(Please indicate the society name, position held and dates)

Organization Name:

Position Held and Dates:

Please describe any additional activities, contributions, committee involvement or other offices held at institutional, local, or national levels (including DATES) other than ASHP or your local/state ASHP affiliate.

Organization Name:

Office(s)/Appointments Held and Dates:

Please enter a concise, but sufficiently detailed personal statement to each of the following questions. Suggested maximum length is 250 words per question:

1. What issues have you identified as being most critical to the future of ASHP?
2. Describe your contributions to pharmacy practice and why you believe that a level of excellence has been achieved. Your statement should focus on the impact of your body of work on the state, regional or national level.
3. Describe your involvement and commitment to developing practitioners and others through activities such as precepting students and residents, mentoring staff, educating and training technicians, and/or educating the public.
4. Why do you want to be a member of the Section's Executive Committee? How do you plan to contribute to the growth and development of the Section? What would you like to see the Section accomplish in the next 3 to 4 years?

SECTION OF AMBULATORY CARE PRACTITIONERS *(only asked of those seeking SACP candidacy)*

What issue(s) do you believe are most critical to the future of pharmacists practicing in ambulatory care practice settings?

SECTION OF CLINICAL SPECIALISTS AND SCIENTISTS *(only asked of those seeking SCSS candidacy)*

What issue(s) do you believe are most critical to the practice of clinical specialists and scientists in the future of pharmacy practice advancement?

SECTION OF COMMUNITY PHARMACY PRACTITIONERS *(only asked of those seeking SCCP candidacy)*

What issue(s) do you believe are most critical to community-based practice?

SECTION OF DIGITAL AND TELEHEALTH PRACTITIONERS *(only asked of those seeking SDTP candidacy)*

What issue(s) do you believe are most critical to the future of digital health and telehealth integration in pharmacy practice?

SECTION OF INPATIENT CARE PRACTITIONERS *(only asked of those seeking SICP candidacy)*

What issue(s) do you believe are most critical to the future of acute care pharmacy practice and the pharmacy workforce?

SECTION OF PHARMACY EDUCATORS *(only asked of those seeking SPE candidacy)*

What issue(s) do you believe are most critical to the future of pharmacy education and the pharmacy workforce?

SECTION OF PHARMACY INFORMATICS AND TECHNOLOGY *(only asked of those seeking SOPIT candidacy)*

What issue(s) do you believe are most critical to the future of pharmacy informatics, technology, and automation?

SECTION OF PHARMACY PRACTICE LEADERS *(only asked of those seeking SPPL candidacy)*

What issue(s) do you believe are most critical to the future practice advancement and management of the pharmacy enterprise?

SECTION OF SPECIALTY PHARMACY PRACTITIONERS *(only asked of those seeking SSPP candidacy)*

What issue(s) do you believe are most critical to the future of advancement in health system specialty pharmacy?

Disclosure for Relevant Financial Relationships

Thank you for seeking nomination to run for the Pharmacy Practice Sections Executive Committee elections. In an effort to proactively identify potential conflicts of interest, we are asking all members considering nomination to complete the following questions. If there is information needing further clarification, ASHP staff will contact you prior to the Committee on Nominations slating process.

"Principles and Processes on Conflict of Interest - ASHP Sections"

- **List any health-related board of directors, state affiliate board, advisory panel, regulatory body, office, committee or programs which you have participated in during the past 12 months and/or in which you intend to participate in the future. (Responses must include the entity, position, and dates of service or intended service, and scope of responsibility. No acronyms.)**
- **List any health-related publications, or products, excluding ASHP publications/products, which you contributed to in the past 12 months and/or to which you intend to contribute in the future that might raise concerns that such outside activities are competing with ASHP products, services or other membership activities.**
- **List any compensation you have received for contract services, health-related publications, or products, including ASHP publications/products, in the past 12 months and/or for which you anticipate in the future.**
- **List any grants received during the past 12 months, including name of granting entity and purpose and/or scope of grant.**
- **List the sources for scholarships, awards, gifts, honoraria, monies or other benefits, received during the past 12 months from activities, services, retainers or consultancies (include the name of the paying entity, a description of your service, and any amount received as remuneration) that might give rise to a conflict of interest with ASHP.**
- **Describe, to the best of your knowledge, any financial interest or other significant interest of yourself, your spouse, or your minor child or children, in any outside activity or entity which does substantial business with or is in direct competition with ASHP.**
- **List, to the best of your knowledge, any financial interests exceeding \$25,000.00 in value of yourself, a spouse or a minor child or children of yours in any individual pharmaceutical, medical device, biomedical, or healthcare consulting company.**
- **Describe, to the best of your knowledge, any other transactions or actions in the past 12 months in which you or an immediate family member has a personal interest or in which you competed, directly or indirectly, with the interests of ASHP.**