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## ASHP Pharmacy Practice Sections Biographic Summary

### Instructions for Submission

To be considered for a Section Office, each submission must include:

- Completion of THIS on-line Biographic Summary Form (Total of 20 questions)
- Curriculum vitae (**required**)
- Letter(s) of recommendation/support from an employer/colleague (optional)

1. Upload curriculum vitae (**required**) on this tool and letters of recommendation (optional) can be sent as attachments to Sections@ashp.org by March 18, 2012, 11:59 p.m. Pacific Time.
2. List in the subject field: ASHP SECTION Committee on Nominations Submission.
3. A return e-mail will be sent by the next business day to acknowledge receipt of your application and any documents submitted via email.

Note: To view the content of the Online Biographic Summary Form click on the link below:

<http://www.ashp.org/DocLibrary/AboutUs/NomElecAppoint/Biographic-Summary-Questions.aspx> (**THIS LINK IS FOR VIEWING ONLY - DO NOT FILL OUT THIS PDF FORM, PROCEED BY CLICKING 'NEXT' TO COMPLETE ONLINE BIOGRAPHIC FORM**)

Which Section do you want to be considered for elected position?

Section of Ambulatory Care Practitioners (SACP)

Section of Clinical Specialists and Scientists (SCSS)

Section of Inpatient Care Practitioners (SICP)

Section of Pharmacy Informatics and Technology (SOPIT)

Section of Pharmacy Practice Managers (SPPM)

Please indicate which elected positions(s) you would like to be considered for:

Chair 2013 - 2014 [Chair-elect 2012-2013 and Immediate past chair 2014-2015]

Director-at-large 2013 - 2015

Both

Contact Information:

ASHP ID#:

Last Name:

First Name/ Middle Initial:

Credentials [include degree(s), certifications and/or fellowship status]:

Home Address:

Street:

City:

State:

Zip:

Business Address:

Affiliation:

Job Title:

Street:

City:

State:

Zip:

Telephone:

Home:

Cell:

Business:

Which telephone number should we use as a primary contact on result day between September 7th - 14th?

- » Home:
- » Cell:
- » Business:

**NOTE: [Disclosure for Relevant Financial Relationships](#)**

Remember to include any grants, sources for scholarships, awards, gifts, honoraria, monies or other benefits, which exceed \$10,000 or ten percent of your gross annual income, received during the past 12 months from activities, services, retainers, or consultancies that might give rise to a conflict of interest with ASHP.

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Have you had a financial relationship in any amount in the last 12 months with a manufacturer, vendor, agency or grant providers?

Yes

No

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Please complete information below:

Manufacturer or Service  
Provider:

Nature of Relationship: (e.g.  
employee, consultant, research  
grant recipient, speaker bureau,  
stockholder)

Have you divested yourself of  
this relationship? (Yes or No)

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Do you currently serve on the board of directors/trustees/regents of another organization?

Yes

No

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If yes, please specify:

Organization:

Year(s) of term:

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Please list your professional positions for the past 10 years:

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

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Education and training (List degree(s) or credentials and granting institution only):

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Which of the following best describes your present career orientation? (Please check only one).

- Administrative
- Ambulatory care
- Clinical / Practice
- Consulting
- Faculty / Academic
- Industry / Vendor
- Inpatient Pharmacist
- Pharmacy Informatics
- Pharmacy Management / Leadership
- Research
- Other (Please specify)

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If you have ever served in the ASHP House of Delegates, which state(s) have you represented?

State(s) served:

Year(s) of Term:

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Have you ever served in any Section leadership positions? e.g. Chair, Vice Chair of Advisory Group, Committee, Task Force etc. (Please only include the most recent or the most important as they relate to your Section)

Section:

Leadership Position:

Year(s) of Term:

Section:

Leadership Position:

Year(s) of Term:

Section:

Leadership Position:

Year(s) of Term:

Section:

Leadership Position:

Year(s) of Term:

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Please describe any other Section or ASHP activities or positions in which you have participated (e.g., Section network facilitator, committee member, meeting planning associate/program chair, advisory group appointments, task force appointments, webinar presenter, surveyor for ASHP accredited training programs, ASHP Foundation activities, etc.)

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Have you served as an elected officer of an ASHP affiliated state society?

Society name:

Office(s) held and dates:

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Office(s) and/or appointments held in other local, regional, state and/or national healthcare organizations: (Please only include the most recent or the most important as they relate to your participation on a Section Executive Committee)

Organization Name:

Office(s)/Appointments Held and Dates:

Organization Name:

Office(s)/Appointments Held and Dates:

[Redacted]

Organization Name:

Office(s)/Appointments Held and Dates:

Organization Name:

Office(s)/Appointments Held and Dates:

Organization Name:

Office(s)/Appointments Held and Dates:

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Please describe any additional professional and personal activities/projects, contributions, and committee involvement at institutional, local, or national levels (including community service).

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Publications and presentations in the past five years:

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What role do you envision the pharmacists playing in the future as the Pharmacy Practice Model Initiative (PPMI) evolves?

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To better acquaint us with you, please provide concise responses to the following questions:

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

Please describe any specific qualities, experience, and other information you feel qualifies you for this nomination.

What issues in pharmacy informatics most need the input of a professional organization like ASHP?

To be considered for a Section Office, you are required to upload your curriculum vitae below. Letters of recommendation (optional) can be submitted to [sections@ashp.org](mailto:sections@ashp.org) by March 18, 2012, 11:59 P.M. Pacific Standard Time.

You will receive confirmation by the next business day to acknowledge receipt of your application and any documents submitted via email. If you have any questions about the form or the nomination process, please contact Karl Gumpfer, at (301) 664-8723 or at [kgumpfer@ashp.org](mailto:kgumpfer@ashp.org). Thank you for your participation.

no file selected

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

What issues in clinical practice and scientific research need the most input from a professional organization like ASHP?

Please describe any specific qualities, experience, and other information you feel qualifies you for this nomination.

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

What issues in management and leadership need the most input from a professional organization like ASHP?

Please describe any specific qualities, experience, and other information you feel qualifies you for this nomination.

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

What issues need the input of a professional organization like ASHP?

Please describe any specific qualities, experience, and other information you feel qualifies you for this nomination.

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What issue(s) do you believe are most critical to the future knowledge base and clinical skill capability for frontline practitioners?

What issues and challenges facing frontline/inpatient care pharmacists need the most input from a professional organization like ASHP?

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What do you see as opportunities for pharmacists in light of the recently enacted healthcare legislation? What do you see the role of pharmacists to be in healthcare advocacy?

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Please describe any specific qualities, experience, and other information you feel qualifies you for this nomination.

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