



Pharmacy Practice Sections Executive Committee – Sample Candidate Application

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

Chair / Director-at-Large

Name Jane Smith, Pharm.D.

Job Title Director of Pharmacy

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):

I am a 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):

Pharmacy Management / Leadership

Indicate the number of years you have been a member of ASHP? 25

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: 2

HOD Delegate: 1

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>	X			2
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>	X			1
Council on Therapeutics <i>(formerly Commission on Therapeutics):</i>				

Commission on Affiliate Relations <i>(formerly Council on Organizational Affairs):</i>				
Commission on Credentialing:				

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

	Executive Committee Chair	Executive Committee Director-at-Large	Advisory Group/Other Section Committee Chair/Vice Chair	Advisory Group Member	Other Section Committee Member
Ambulatory Care Practitioners					
Clinical Specialists and Scientists					
Inpatient Care Practitioners					
Pharmacy Informatics and Technology					
Pharmacy Practice Managers			2	2	
Specialty Pharmacy Practitioners					

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

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

Society 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 need the most input from a professional organization like ASHP?
2. Describe your contributions to pharmacy practice and why you believe that a level of excellence has been achieved as it relates to the mission and vision of the Section. 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. In 200 words or less: 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?
5. Please describe any additional qualities, experience, and other information that you feel qualify you for this nomination.

SECTION OF AMBULATORY CARE PRACTITIONERS

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

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 INPATIENT CARE PRACTITIONERS

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

SECTION OF PHARMACY INFORMATICS AND TECHNOLOGY

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

SECTION OF PHARMACY PRACTICE MANAGERS

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

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

NOTE: 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, 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.)

N/A

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.

N/A

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.

N/A

List any grants received during the past 12 months, including name of granting entity and purpose and/or scope of grant.

N/A

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.

N/A

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.

N/A

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.

N/A

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.

N/A