

ASHP SSHP Recognition Program Application

Application Procedure:

To be considered for the 2020-2021 ASHP-SSHP Recognition, the SSHP must submit an application by, June 30, 2020. Please submit all electronic documents in one transmission, utilizing template documents provided below.

For New SSHPs seeking recognition for the first time:

- Cover letter explaining the organization's mission and how the organization promotes the development of health-system pharmacy practitioners
- One copy of any existing organizational documents (i.e., charter, bylaws, constitution, or other documents that describe the structure and mission of the organization)

For New AND Previously Recognized SSHPs:

- Member roster; [Download the ASHP Roster 2020 Recognition Template \[XLS\]](#)
- Officer roster; [Download the Officer Roster Template \[XLS\]](#)
- Completed electronic [application form](#) with description of projects addressing the ASHP-SSHP Recognition Criteria.
 - To be considered for the [Outstanding Professional Development Project Award](#), please opt-in at the end of this application.

For questions regarding the application requirements or program details, please contact students@ashp.org

Required Attachments:

- **Cover Letter** explaining the organization's mission and specifically, how the organization promotes the development of health-system practitioners. Please also describe your organizational structure including any committees, sections, interest groups, etc.
**ONLY for programs applying for first-time recognition.*
- **One copy of any existing organizational document** (ie: charter, bylaws, constitution, or other documents that describe the structure and mission of the organization)
**ONLY for programs applying for first-time recognition.*
- **Member Roster (excel spreadsheets only)** - MUST use [required template](#)
NOTE: Member roster should include ALL SSHP members, regardless of their ASHP status.
- **Officer Roster (excel spreadsheets only)** - MUST use [required template](#)
NOTE: Please indicate the outgoing officers for 2019-2020 AND incoming officers for 2020-2021. Committee chairs and co-chairs are not required in the listing, please limit to Executive Committee.

General Information:

School Name:

Please select which of the following best describes your application:

- ☐ New SSHP Seeking First-time Recognition
- ☐ Recognized SSHP Seeking Continuing Recognition

If your SSHP is part of a School or College of Pharmacy with more than one campuses, you may choose to complete one application on behalf of multiple campuses or submit separate applications for each campus. Please indicate your selection below:

NOTE: If choosing to pursue independent recognition for each campus, each would need to fulfill the requirements separately (with the exception of the Clinical Skills Competition, for which one winner will be recognized from each ACPE accredited institution).

- ☐ I am choosing to submit an application on behalf of **ONE** of my school's campuses.
- ☐ I am choosing to submit an application on behalf of **MULTIPLE** campuses.
 - ☐ Please indicate the full name of the School or College of Pharmacy for which this application applies, including the campus specifications if applicable.
(Example: University of X College of Pharmacy, Y campus & Z campus)

NOTE: The exact wording indicated below is what will appear on the ASHP-SSHP Recognition announcement should your school receive recognition.

- ☐ Not applicable, my school only has on campus.

Mailing Information

If your SSHP receives ASHP-SSHP Recognition, a number of items will be shipped to your School or College of Pharmacy. This includes the SSHP Recognition certificate, an SSHP outgoing officer plaque, and recruitment materials for your SSHP membership drives. Please enter your School's information below **EXACTLY** as they need to appear for shipping purposes.

NOTE: If your institution's mailing address changes at any time, your SSHP is responsible for notifying ASHP of this change be e-mailing students@ashp.org

School Mailing Address:

Name to Appear on Package:
Address:
Address 2:
City:
State:
Zipcode:

SSHP Social Media Information:

LinkedIn Handle:
Twitter Handle:
Facebook Handle:
Instagram Handle:
Webpage Link:
Other (please specify)

SSHP Officer and Advisor Information

If your SSHP receives ASHP-SSHP Recognition, ASHP will be contacting your incoming & outgoing SSHP Officers and SSHP Faculty Advisor for program details and award information. Please complete their contact information below.

NOTE: Your ASHP Member number can be found under My Account > Membership Details. If the individual is NOT an ASHP member please put N/A on the Member Number field.

SSHP Outgoing Officer Information:

NOTE: The person listed in this form will be the one receiving the outgoing officer plaque if recognition is granted.

ASHP Member Number:
Full Name (how it should appear on the plaque):
Email Address:
SSHP Officer Title & Year (ex. SSHP President 2019-2020):
Comments:

SSHP Incoming Officer Information:

Note: The person listed in this form will be the one receiving the incoming officer award if recognition is granted

ASHP Member Number:
Full Name:
Email Address:
SSHP Officer Title & Year (ex. SSHP President 2019-2020):
Comments:

Will this person be serving as the ASHP student liaison for the 2020-2021 year?

- ☐ Yes
- ☐ No
 - If No, please provide the name and email address of the person who will be your SSHP's student liaison:

SSHP Faculty Advisor Information:

ASHP Member Number:
Salutations:
Full Name:
Email Address:
Please list Names and emails of any additional advisors you would like ASHP to contact (optional):

SSHP Activity Descriptions

Please describe your SSHP's membership drive, career development activities, and professional development project in the fields below. **All activity descriptions must be completed for an SSHP to be considered for recognition.**

NOTE: Collaboration with the ASHP state affiliate on at least one SSHP activity and incorporation of PAI in at least one SSHP activity are requirements for recognition. Please describe how these two requirements were incorporated under relevant events hosted by your SSHP, where applicable.

Membership Drive

Held at least one (1) membership drive during the academic school year to recruit members for ASHP, the ASHP state affiliate (if one exists) AND the SSHP.

Please describe the event, including information about number of students recruited, membership engagement methods, promotional materials used, and location of the event. Please note any changes or improvements of your membership drive from previous years.

Date of Drive:

How many recruited members for ASHP:

How many recruited members for ASHP State Affiliate:

How many recruited members for SSHP:

Description of Event:

Administered a school-level Clinical Skills Competition

Your school must be represented at the national competition in December. This requirement may be waived if your school does not yet have students in their third professional year. If this requirement has been waived, please indicate it in the "additional comments" section of the application. If you collaborated with your ASHP State Affiliate, please be prepared to describe your collaboration.

Date of School-level Clinical Skills Competition:

Member Participation (# of teams)

Names of Winning Team

Additional Comments (optional)

Did you collaborate with your ASHP State Affiliate for this residency information event? If yes, please explain

Career Development

At least one of the career development events and/or professional development projects listed below must be related to PAI (formerly PPMI) as a requirement for recognition (e.g. a guest speaker presents on a PAI topic, development project focuses on one of the PAI recommendations, etc.).

Additionally, **at least one** of the career development events and/or professional development projects listed below must be in collaboration with your ASHP State Affiliate.

Career Development – Health-Systems Speaker

Coordinated at least two (2) events featuring health-system speakers.

Date of Event 1

Speaker(s) Name (credentials, title/position)

of Students Impacted:

Description of Event:

Additional Comments (optional)

Did you collaborate with your ASHP State Affiliate for this residency information event? If yes, please explain

Did you incorporate PAI for this residency information session? If yes, please explain

Date of Event 2

Speaker(s) Name (credentials, title/position)

of Students Impacted:

Description of Event:

Additional Comments (optional)

Did you collaborate with your ASHP State Affiliate for this residency information event? If yes, please explain

Did you incorporate PAI for this residency information session? If yes, please explain

Career Development - Residency Event

Coordinated **at least one** informational session on residency training.

Please describe the event, including information about number of students attended, networking opportunities provided, number of programs/program representatives attending, membership engagement methods, promotional materials used, and location of the event. Please note any changes or improvements of your residency event from previous years.

Date of Event

Speaker(s) Name (Credentials, Title/Position)

of Students Impacted

Description of Event

Did you collaborate with your ASHP State Affiliate for this residency information event? If yes, please explain

Did you incorporate PAI for this residency information session? If yes, please explain

Career Development - Well-Being and Resilience

Coordinate **at least one activity related to Workforce Well-Being and Resilience** (ASHP's Strategic Plan Goal 1.4: Improve Patient Care by Enhancing the Well-being and Resilience of Pharmacists, Student Pharmacists, and Pharmacy Technicians).

Please note: Participation in programs that are organized by other national pharmacy organizations cannot be considered to fulfill this requirement. To be eligible, events must be planned and or co-sponsored by the SSHP.

Date of Event

Speaker(s) Name (Credentials, Title/Position)

of Students Impacted

Description of Event

Did you collaborate with your ASHP State Affiliate for this residency information event? If yes, please explain

Did you incorporate PAI for this residency information session? If yes, please explain

Professional Development Project

Coordinate **at least one activity related to [ASHP's Strategic Plan](#)**. This activity could incorporate one or multiple elements that align with ASHP's Strategic Priorities and Goals, and should be different than activities submitted to satisfy the Career Development recognition criteria outlined above. If your professional development project incorporates elements from other categories, please describe in detail how the project goes beyond the career development requirements (ex. if professional development project involves a robust multi-event WBR initiative, please describe what aspects of the program apply to the professional development category vs. simply satisfy the career development requirement).

NOTE: For your project to be considered for the [Outstanding Professional Development Project Award](#), you **MUST** indicate "Yes" in the relevant question at the application.

Date of Event

Speaker(s) Name (Credentials, Title/Position)

of Students Impacted

Description of Event

If this is an event previously described under the "Career Development Project" category, please explain what aspects of the program should be considered for the Professional Development Project.

Did you collaborate with your ASHP State Affiliate for this residency information event? If yes, please explain

Did you incorporate PAI for this residency information session? If yes, please explain

Please consider my Professional Development Project for an Outstanding Professional Development Project Award:

- ☐ Yes
- ☐ No

Thank you for applying for 2020-2021 ASHP-SSHP Recognition.