

SSHP Recognition Requirements:

Membership Drive, Career Development Activities, and Professional Development Project

School Name:

Applying jointly with (please list other campuses if applicable):

Please select one: NEW SSHP seeking first-time recognition Recognized SSHP seeking continuing recognition

MEMBERSHIP DRIVE

- 1) 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. Recruitment for all three levels of membership is a requirement for recognition.

Provide date(s) and description; also include the number of members recruited/renewed for each.

Date of Drive:	ASHP # of recruited members:	ASHP State Affiliate # of recruited members	SSHP# of recruited members
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Description of Event (include number of members recruited for each):

Collaboration with the ASHP state affiliate on AT LEAST ONE (1) of the following activities (Career Development Activities or Professional Development Project) is a requirement for recognition.

*Please check the box under all the items for which you collaborated with the ASHP state affiliate.

CAREER DEVELOPMENT ACTIVITIES

- 2) 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.)

Please include the following information:

Date of School-level Competition:	Member Participation: (# of teams)	Winners: (Names)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Comments (optional):

Collaborated with ASHP state affiliate (i.e. State affiliate helped recruit judges, held competition at state meeting, etc.)

If yes, please explain

AT LEAST ONE (1) of the following events and/or professional development project 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.). Please explicitly indicate in the description how PAI was incorporated.

**Please check the box under all the items for which PAI was incorporated.*

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

Event 1

Date of Event:

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

of Students Impacted:

Description of Event (topics discussed etc.):

Collaborated with ASHP state affiliate

**If yes, please explain*

Incorporated PAI

**If yes, please explain*

Event 2

Date of Event:

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

of Students Impacted:

Description of Event (topics discussed etc.):

Collaborated with ASHP state affiliate

**If yes, please explain*

Incorporated PAI

**If yes, please explain*

4) Coordinated at least one (1) information session on residency training.

Date of Event:

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

of Students Impacted:

Description of Event:

Collaborated with ASHP state affiliate

*If yes, please explain

Incorporated PAI

*If yes, please explain

PROFESSIONAL DEVELOPMENT PROJECT

5) Coordinated at least one (1) activity related to Workforce Well-Being and Resilience

Title of Project:

Related Strategic Plan Goal(s):

Goal 1.4: Improve Patient Care by Enhancing the Well-being and Resilience of Pharmacists, Student Pharmacists, and Pharmacy Technicians

of Students Impacted:

Consider this project for an [Outstanding Professional Development Project Award](#)

**If this event was previously submitted for this award, describe how it has been improved upon or changed from previous year(s).*

Description of Project (limited to 500 words):

Please include any significant outcomes. Collaboration with your ASHP state affiliate is highly encouraged. Include the specific role of your SSHP in this project. *Please note: Participation in programs that are organized by other national pharmacy organizations cannot be considered to fulfill this requirement.*

Collaborated with ASHP state affiliate

**If yes, please explain*

Incorporated PAI

**If yes, please explain*