

# FNPhA Recognition Application Form

Applicant Information	
<b>Last Name</b>	<b>First Name</b>
<b>NPhA Member Number</b>	<b>Years NPhA Member</b>

**I. EDUCATION**

In the spaces below, please list the colleges or universities attended, dates of attendance, and degrees earned

College or University	Dates of Attendance	Degree / Major

**II. POST-GRADUATE TRAINING**

In the spaces below, please list your residencies, fellowships, etc.

Specific Type of Post-Graduate Training	Institution	Program Director / Preceptor	Dates of Participation



### FNPhA Recognition Application (continued)

**III. PROFESSIONAL EXPERIENCE**

In the spaces below, please list your relevant experience in pharmacy in reverse chronological order.

Experience	Dates	Additional Comments



## **FNPhA Recognition Application (continued)**

Please enter a concise, but sufficiently detailed personal statement which addresses your contributions to serving the medically underserved and why you believe that a level of excellence has been achieved. Suggested maximum length of 500 words.

## FNPhA Recognition Application (continued)

### IV. PROFESSIONAL ACTIVITIES Sustained Contributions to NPhA

You must be a current member of NPhA, have been a member for at least 10 years and have a record of outstanding service to the profession through contribution to NPhA. In the spaces below, please list your service to NPhA in reverse chronological order.

<b>NPhA SERVICE</b>	
Dates	Activity / Service



## FNPhA Recognition Application (continued)

### Activities in Other Professional Organization

In the spaces below, please list your memberships and activities in other professional associations, office, committees, leadership roles, etc. by organization and dates served.

NATIONAL AND STATE SERVICE	
Dates	Activity / Service

**FNPhA Recognition Application (continued)****V. PUBLICATIONS**

In the space below, please list both peer-reviewed and non-peer-reviewed publications to include scientific and professional papers, textbooks or textbook chapters.

<b>Publications</b>	<b>Peer-Reviewed / Non-Peer Reviewed</b>

## FNPhA Recognition Application (continued)

### VI. COMMITMENT TO EDUCATION

Demonstrate your involvement and commitment to educating practitioners and others through presenting to healthcare practitioners at national, regional, or state conferences.

#### **Presentations**

In the spaces below, please list your presentations to healthcare practitioners at national, regional, or state educational conferences in reverse chronological order.

<b>NATIONAL PRESENTATIONS</b>			
Title	Audience	Location	Date

**FNPhA Recognition Application (continued)**

<b>REGIONAL PRESENTATIONS</b>			
<b>Title</b>	<b>Audience</b>	<b>Location</b>	<b>Date</b>

<b>STATE PRESENTATIONS</b>			
<b>Title</b>	<b>Audience</b>	<b>Location</b>	<b>Date</b>



## FNPhA Recognition Application (continued)

### Posters

In the spaces below, please list your most recent posters presented to healthcare practitioners at national, regional, or state educational conferences in reverse chronological order.

<b>ALL POSTERS</b>			
<b>Title</b>	<b>Audience</b>	<b>Location</b>	<b>Date</b>

