

2017 FNPhA Recognition Application Form
Due: April 26, 2017

Applicant Information	
Last Name	First Name
NPhA Member Number	Years NPhA Member

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.

NPhA SERVICE	
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.

Publications	Peer-Reviewed / Non-Peer Reviewed



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.

NATIONAL PRESENTATIONS			
Title	Audience	Location	Date

FNPhA Recognition Application (continued)

REGIONAL PRESENTATIONS			
Title	Audience	Location	Date

STATE PRESENTATIONS			
Title	Audience	Location	Date



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.

ALL POSTERS			
Title	Audience	Location	Date

