APhA New Practitioner Network

**New Practitioner Advisory Committee**

**GENERAL INFORMATION AND ELIGIBILITY**

The APhA New Practitioner Network (NPN) New Practitioner Advisory Committee (NPAC) is a nationally-appointed committee of five members comprising the following offices: Chair, Vice-Chair, and three (3) Members-at-large. APhA NPAC MAL members serve a term of 1 year from the APhA2021 Annual Meeting to the APhA 2022 Annual Meeting; therefore applicants must have a graduation date of May 2016 or later. The APhA NPAC Vice-Chair serves a 2-year term from the APhA2021 Annual Meeting to the APhA 2023 Annual Meeting; therefore applicants must have a graduation date of May 2017 or later.

The efforts of the NPN NPAC support the mission and vision of the NPN:

**Vision Statement:** Discover. Develop. Define.

**Mission Statement:** Engage with new practitioners through life and career transitions by providing education, resources, and a community of support.

Any new practitioner member who has demonstrated leadership qualities within professional organizations and the pharmacy profession is eligible for appointment. The outgoing APhA NPAC makes recommendations for the incoming NPAC appointees to the APhA Board of Trustees. The APhA Board of Trustees will make the final appointments to the APhA NPAC. All applicants will receive notification of the status of their application after the January APhA Board of Trustees meeting.

Serving as a member of the APhA NPAC is rewarding and satisfying, both professionally and personally. At times, serving as on the APhA NPAC may be a difficult and demanding job, but the position is meant to complement, not compete with, professional responsibilities.

All APhA NPAC members occasionally are required to attend meetings and conferences during the term of appointment. No monetary or material awards are provided to APhA NPAC Members.

**DESIRED CHARACTERISTICS FOR NPAC MEMBERS**

Desired characteristics for NPAC members include:

* Leadership ability and knowledge about the profession and the association
* Ability to commit the time required by the position
* Good communication and interpersonal skills
* Volunteer leadership experience with APhA or related professional organizations
* Demonstrated ability to work as a team member
* Adherence to high ethical standards
* Ability to arrive at consensus decisions and support implementation of these decisions
* Ability to understand the impact of issues on the profession as a whole and across diverse practice settings
* Ability to recognize and willingness to abstain from participation on Board action that presents a conflict of interest
* General understanding of APhA Bylaws
* Employer of candidate is aware of the requirements and supportive of the opportunity

**Disclosure and Confidentiality Statement**

The Association recognizes and applauds the interest of individuals in serving their profession and its organizations in a leadership capacity and welcomes their involvement. There are numerous opportunities for individuals to serve APhA whether it be in an elected, appointed, or volunteer capacity. For individuals wishing to serve in an appointed position, the Association has a responsibility to its members to ensure that its representatives can provide undivided loyalty to advancing the organization's strategic direction and growth. In accordance with APhA policy, and upon appointment to an APhA NPN Standing Committee, each member of the Standing Committee must complete a disclosure and confidentiality statement.

These forms are submitted directly to APhA's Legal Counsel for review to ensure that committee members do not have a potential conflict of interest that would minimize their effectiveness as a member of the APhA NPN Standing Committee if it could not be appropriately managed. The information submitted will be handled in a confidential manner through APhA's Legal Counsel and follow the Association's policy and procedures for Conflicts of Interest. Questions related to this policy should be directed to Steven Benson, APhA Legal Counsel at sbenson@wtplaw.com.

**DEADLINE AND REQUIRED MATERIALS**

Please read through the APhA NPAC Position Descriptions prior to completing the application. Type the application and use only the allotted word count. All sections of the application need to be submitted to APhA Headquarters via email to NPN@APhAnet.org by no later than 11:59pm (PST) on December 15th. These sections include (please initial):

\_\_\_ APhA NPAC Application

\_\_ Digital headshot photo suitable for publication (1MB or larger in size required)

\_\_\_CV or resume

Make a copy of the entire application for your records. Please note that the APhA NPAC and APhA staff may contact applicants for questions or clarifications on their application.

If you have any questions or concerns regarding the application for the APhA NPN Standing Committees, please contact:

Crystal Atwell, PharmD

APhA Director of Student &
New Practitioner Development

Phone: 202-429-7586

Email address: CAtwell@APhAnet.org

APhA New Practitioner Network

**New Practitioner Advisory Committee**

**SECTION I – CONTACT INFORMATION**

A. Please indicate the position you are applying for:

##  Member-at-large \_\_\_\_\_ Vice-Chair \_\_\_\_\_ (2-year commitment)

## If are interested in the Member-at-large position, please indicate to which APhA New Practitioner Network Standing Committee you would like to serve as the liaison. If you are interested in more than one, please rank the committees in order from most (1) to least (3).

Communications **\_\_­\_\_\_** Education **\_\_­\_\_\_** Member Engagement **\_\_\_\_\_**

B. Name:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Last) (First) (Middle or Middle Initial)

1. APhA Member Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Email Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Preferred Telephone Number:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

F. Do you plan to attend the APhA2021 Annual Meeting & Exposition in Los Angeles, CA?

 Yes \_\_­\_\_\_ No \_\_\_\_\_

G. If you are not selected for NPAC, would you like your application to be considered for appointment to an NPN Standing Committee?

 Yes \_\_­\_\_\_ No \_\_\_\_\_

If yes, please rank your NPN Standing Committee preference:

Communications **\_\_­\_\_\_** Education **\_\_­\_\_\_** Member Engagement **\_\_\_\_\_**

 **NPAC MEETING TIMELINE**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Event*** | **Event Date (Final Date TBD)** | **Encouraged to Attend** | **Required to Attend** |
| ***APhA2019 Annual Meeting & Expo*** | March 12-15, 2021 | Yes | — |
| ***APhA Academies Leadership Meeting*** | April 2021 |  | Yes |
| ***APhA Day of NP LIFE*** | July 2021 | — | Yes |
| ***APhA-ASP Midyear Regional Meetings*** | Oct-Nov 2021 | — | Yes |
| ***APhA2020 Annual Meeting & Expo*** | March 18-21, 2022 | — | Yes |
| ***Monthly Conference Calls*** | Monthly | — | Yes |

Please initial that you have reviewed the meeting requirements for APhA NPAC members: \_\_\_\_\_\_\_\_\_\_

**SECTION II – BACKGROUND & EXPERIENCE**

1. Please describe why you would like to serve on the APhA New Practitioner Advisory Committee and what contributions you will make to benefit the American Pharmacists Association and APhA New Practitioner Network. (500 words)
2. If you have indicated interest in serving as the APhA New Practitioner Advisory Committee Vice-Chair, please describe your interest in the position, your view of what the NPAC should do to achieve our mission and vision, and areas that the NPAC needs to work to meet new practitioner needs.
(500 words)
3. Describe your most significant previous leadership experience(s) you have had on the international, national, state, and local levels and provide specific contributions you made or outcomes from your service. (500 words)
4. Describe any specialized talents or skills, your Strengths Finder results, or other information that indicates your qualities to fulfill the appointed position. Please describe how these traits will be utilized in your role as a committee member and to further the goals of the New Practitioner Network. This may include training programs completed or credentials obtained that would benefit the committee (within or outside of pharmacy; include examples). (500 words)

**SECTION III – STATEMENT OF CONSENT**

 I am aware of the responsibilities outlined for the American Pharmacists Association New Practitioner Advisory Committee to which I am seeking appointment.

If I am appointed and find that I am unable to fulfill the duties for that position, I understand that APhA has the authority to replace me with a qualified applicant.

If appointed, I agree to serve APhA and APhA New Practitioner Network to the best of my ability and to the best of my knowledge.

If appointed, I agree to serve APhA and APhA New Practitioner Network with sound moral and ethical judgment and understand that APhA may remove me from my position if my actions violate said judgment.

If appointed, I understand that I, upon the discretion of APhA, may have to resign from any local, regional, national, or international positions held in APhA or other pharmacy associations.

I have read, understand, and will comply with the APhA New Practitioner Network Standing Committee position descriptions.

I am currently in good standing with my employer. My employer is aware of the position I am seeking.

I understand that my picture, email address, and qualifications may be posted on the APhA website or used in APhA publications and will be utilized during the APhA Annual Meeting.

I understand that APhA reserves the right, upon its discretion, to remove any elected or appointed officer from their position.

I agree that all statements on this application are true. I understand that any false statements or the failure to complete this application accurately may result in my disqualification as a candidate for an APhA elected or appointed position.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_