APhA-ASP Chapter Achievement Report

Welcome to the 2022-2023 APhA-ASP Chapter Achievement Report (CAR) form. Annual submission of the CAR form is required for all APhA-ASP Chapters to maintain their charter. Submission of the CAR offers tremendous learning opportunities for members and the opportunity for chapters and individuals to be showcased during the APhA-ASP Awards Ceremony at the APhA Annual Meeting & Exposition.

As you write your chapter's CAR, we hope that you focus on the accomplishments of your chapter and the way in which you have adapted to changes and overcome obstacles presented by the ongoing COVID-19 pandemic. The APhA-ASP Awards National Standing Committee is able to recommend to the APhA Board of Trustees and Staff new awards if it is concluded that such award(s) serve in the best interest of the Academy and student pharmacist members.

APhA-ASP Chapters will complete the following information on their school or college of pharmacy, structure of the APhA-ASP chapter, and the impact of APhA-ASP activities. Additionally, APhA-ASP chapters may submit photos and supplemental materials via Dropbox. An invitaiton to the Dropbox folder will be sent to all APhA-ASP Chapter Advisors and chapter leaders currently identified in the APhA chapter administrative account. Reach out to Elise Damman, Senior Manager of Student Development at edamman@aphanet.org if you did not receive this access.

If you or another chapter has previously started and saved an incomplete form, you can access a previously saved APhA-ASP form here.

Complete information on the APhA-ASP reporting and awards process can be found on the website at Chapter Achievement Awards Program home page.

Questions about your chapter achievement report? Please contact Elise Damman, Associate Director of Student Development at edamman@aphanet.org.

Section 1: APhA-ASP Chapter Contact Information

APhA-ASP Region *

School or College of Pharmacy *

School or College of Pharmacy *

School or College of Pharmacy *

School or College of Pharmacy *

[dropdown]

School or College of Pharmacy *

[dropdown]

School or College of Pharmacy *

[dropdown]

School or College of Pharmacy *

[dropdown]

School or College of Pharmacy *

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Please provide contact information for the APhA-ASP Chapter Advisor and APhA-ASP Chapter Officer responsible for submitting the APhA-ASP Chapter Achievement Report. These individuals will be contacted in the event of questions or concerns regarding the report submission.

APhA-ASP Chapter Advisor Name *

[text field]

APhA-ASP Chapter Advisor Email Address *

[text field]

APhA-ASP Chapter Officer Name *

[text field]

APhA-ASP Chapter Officer Email Address *

[text field]

Be sure to create an account for your CAR form so that you can save the information and return as needeed. Each APhA-ASP Chapter should submitt only one form. Click here to access a form that is in progress.

▲ 1 / 2 ▼

Section 2: APhA-ASP Chapter Operations, Logistics, & Membership

What is the structure for your school or college of pharmacy's PharmD program? *

○ 0-6 Professional Years

○ 1-3 Professional Years

○ 1-4 Professional Years

○ 2 Pre-Professoinal Years + 4 Professional Years

○ 3 Pre-Professional Years + 4 Professional Years

○ Other

[   ]

Which of the following best describes the enrollment of students of your school or college of pharmacy's PharmD program? *

○ Fully In-person

○ Fully Virtual

○ Hybrid (mix of students who are fully virtual and fully in-person)

○ Other

[   ]

What was the structure for classes at your school or college of pharmacy this year? *

☐ Virtual

☐ Live

☐ Hybrid

☐ Other

[   ]

What is the total enrollment of professional students for the school or college of pharmacy? (Do not include pre-pharmacy students.) *

[   ]

List the number of satellite locations and total enrollment at each campus, including web / distance education at your school. (i.e. 1- Washington, DC Campus, 50 students). *

[   ]

List the approximate start and end dates of your academic terms (i.e. Fall: August-December, Spring: January-May): *

[   ]

Provide the total number of professional organizations (including fraternities) at your school or college of pharmacy. *

[   ]

Select the following statements as they relate to the school or college of pharmacy and chapter structure (check all that apply). *

☐ Our APhA-ASP chapter is the student governing body of the school or college of pharmacy.

☐ Our APhA-ASP chapter includes mandatory dues and participation with our State Pharmacy Association.

☐ Our APhA-ASP chapter serves as the umbrella organization for multiple organizations on campus.

☐ Our APhA-ASP chapter is merged another National Association or Organization.

☐ Our APhA-ASP chapter is not merged with any other National Associations or Organizations (i.e. standalone chapter).

☐ Other

[   ]

If your APhA-ASP chapter is merged with other organizations, please select the other organization(s) merged with your chapter (select all that apply).

☐ Academy of Managed Care Pharmacy (AMCP) Mandatory Dues

☐ Academy of Managed Care Pharmacy (AMCP) Optional Dues

☐ American College of Clinical Pharmacy (ACCP) Mandatory Dues

☐ American College of Clinical Pharmacy (ACCP) Optional Dues

☐ American Society of Consultant Pharmacists (ASCP) Mandatory Dues

☐ American Society of Consultant Pharmacists (ASCP) Optional Dues

☐ American Society of Health System Pharmacists (ASHP) Mandatory Dues

☐ American Society of Health System Pharmacists (ASHP) Optional Dues

☐ Industry Pharmacists Organization (IPhO) Mandatory Dues

☐ Industry Pharmacists Organization (IPhO) Optional Dues

☐ College of Psychiatric and Neurologic Pharmacists (CPNP) Mandatory Dues

☐ College of Psychiatric and Neurologic Pharmacists (CPNP) Optional Dues

☐ Pediatric Pharmacy Advocacy Group (PPAG) Mandatory Dues

☐ Pediatric Pharmacy Advocacy Group (PPAG) Optional Dues

☐ Student National Pharmaceutical Association (SNPhA)

☐ Other (Mandatory / Optional)

[   ]

What, if any, restrictions were placed on your school or college of pharmacy in regards to on or off-campus events? *

[   ]

0/300 words

Describe your chapter's approach to adapting to restrictions placed by your school or college of pharmacy in regards to events. *

0/500 words

Describe the top 3 achievements of your APhA-ASP Chapter during the reporting cycle. *

0/500 words

Finance Information

Does your school or college of pharmacy pay a portion or all of your national association dues? *

○ Yes

○ No

What portion of the national dues does the school cover (provide as dollar value or percentage)? *

Does your school or college of pharmacy pay a portion or all of your state association dues? *

○ Yes

○ No

What portion of the state association dues does the school cover (provide as dollar value or percentage)? *

Does your chapter have its own bank account outside of the school or college of pharmacy? *

○ Yes, we have a separate bank account through a local bank or credit union.

○ No, we are required to conduct our banking through the school's business office.

○ Other

What is your estimated annual operating budget for the APhA-ASP chapter? *

○ $0 - $5,000

○ $5,000 - $10,000

○ $10,000 - $15,000

○ $15,000 - $20,000

○ $20,000 - $25,000

○ $25,000 - $50,000

○ $50,000 and above

Did your chapter submit a tax return this year? *

○ Yes, filed directly with the IRS (990NPostcard, 990EZ, or 990 Form)

○ Yes, filed through the university, school or college of pharmacy

○ No, we did not file taxes via any method this year

Does your school or college of pharmacy have a student activity fee? *

○ Yes

○ No

Does your chapter or its members receive financial support to attend APhA meetings/events from the school or college of pharmacy? *

○ Yes

○ No

Describe the support provided for professional meeting attendance including amount of support offered and what can be funded. *

0/250 words

Did your chapter receive any monetary awards, grants, or donations that helped your chapter conduct programming, including patient care project funds, during the reporting cycle? *

○ Yes

○ No

Describe the organization that provided the grant/award and amount for funding received. *

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[                                                    ]
[                                                    ]
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0/255 characters

List the total amount of funding brought in to support chapter operations through chapter fundraisers (e.g. $500.75; do not include funds raised for donations or philanthropy). *

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[                          ]
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Describe your chapter's budgeting process. *

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[                                                    ]
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0/300 words

Describe your chapter's fundraising activities, including the most successful and innovative events, and the total amounts raised by each event. Note, this fundraising is in relation to supporting chapter operations and not philanthropic fundraising for other organizations. *

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0/300 words

Leadership Structure

Please indicate which positions are included in your chapter's APhA-ASP Chapter Leadership Structure (select all that apply). *

☐ President

☐ President-elect

☐ Communications VP

☐ Finance VP

☐ International VP

☐ Membership VP

☐ Patient Care VP

☐ Policy VP

☐ Operation Diabetes Chair

☐ Operation Heart Chair

☐ Operation Immunization Chair

☐ Operation Reproductive Health Chair

☐ Operation Substance Use Disorders Chair

☐ OTC Medicine Safety Chair

☐ State Pharmacy Association Representative

☐ Other (chairs, committees, etc.)

[ ]

Please provide a flow chart of APhA-ASP Chapter Leadership. *

[Choose File] no file selected

During which month does your chapter hold officer elections / make officer appointments? (e.g. March) *

[ ]

Does your chapter have a transitions or officer-elect period for officer positions? *

○ Yes

○ No

Please describe the process of recruiting and electing/appointing chapter officers. *

[ ]

0/300 words

When does your chapter conduct the officer retreats or planning sessions? (select all that apply) *

☐ Spring

☐ Fall

☐ Summer

☐ None

☐ Other

[ ]

Describe the typical agenda, structure, discussion, innovation and training that occur during your chapter officer retreats. *

[text area]

0/500 words

List the total number of chapter executive committee meetings during the chapter reporting cycle. (e.g. 8) *

[text input]

Describe the agenda / structure of chapter officer meetings, including the communications among officers. *

[text area]

0/500 words

Did your chapter host an APhA-ASP Student Outreach visit during the reporting cycle? *

○ Yes

○ No

Does your chapter have an APhA New Practitioner Mentor(s)? *

○ Yes

○ No

○ Unaware of the program (pharmacist.com/new-practitioner-mentor-program)

Describe how APhA New Practitioner Mentors are utilized within APhA-ASP Chapter activities. *

[text area]

0/300 words

Membership Structure & Benefits

List the total number of chapter members for the 2022-2023 reporting cycle. (e.g 153) * ⓘ

[text input]

Select the campaigns that your chapter participated in to promote and conduct membership (select all that apply) *

☐ Fall Membership Drive

☐ Fall Membership Drive for final-year student pharmacists

☐ Spring / Transitioning Membership Drive

☐ Other

List the goal number of chapter members for the 2022 Fall Membership Drive. (e.g 153) *

List the total number of chapter members enrolled during the 2022 Fall Membership Drive. (e.g 153) *

Describe the planning, execution, and innovation for the 2022 APhA-ASP Fall Membership Drive. *

0/300 words

List the goal number of chapter members for the 2023 Spring Membership Drive. (e.g 153) *

List the total number of chapter members enrolled in the Transitioning Membership during the 2023 Spring Membership Drive. (e.g 153) *

Describe the planning, execution, and innovation for the 2023 APhA-ASP Spring Membership Drive. *

0/300 words

Which of the following benefits are provided to final-year student pharmacists by your APhA-ASP Chapter? (Do not include

those provided by APhA, i.e. NAPLEX book.) *

☐ Special Communications (newsletter, email, etc.)

☐ Graduation Cords

☐ Residency Prep

☐ Career Resources

☐ None

☐ Other

[   ]

Does your chapter provide specific member benefits / activities exclusively for pre-pharmacy students? *

○ Yes

○ No

Describe the benefits for pre-pharmacy students. *

[   ]

0/200 words

Describe any chapter-developed member benefits. These may include but are not limited to, mentor programs, leadership sessions, giveaways, etc. *

[   ]

0/500 words

Does your chapter conduct membership surveys / solicit member feedback on chapter activities and benefits? *

○ Yes

○ No

Describe the engagement of members and any feedback received through the survey process. *

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0/255 characters

Member Engagement & Participation

List the total number of general body meetings conducted during the reporting cycle. (e.g. 8) *

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[                    ]
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What is the frequency of general chapter body meetings? *

○ Weekly

○ Twice a Month

○ Monthly

○ Other

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[                    ]
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Describe the planning, overall structure, experience, and member involvement for general chapter body meetings. *

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0/300 words

List the number of social events hosted by the chapter for members. (e.g. 8) *

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[                    ]
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Describe the social events conducted for chapter members. *

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0/300 words

Does your chapter conduct a member recognition/awards program (independent of the school or college of pharmacy awards program)? *

○ Yes

○ No

Describe the awards program/recognition process. *

0/200 words

Has your chapter been recognized (outside of the APhA Awards and APhA-ASP Chapter Awards) for its activities, achievements and contributions to the community? *

○ Yes

○ No

Provide the name and description of the award. *

Which of the following awards did your chapter nominate an individual for? (select all that apply) *

☐ APhA Good Government Student Pharmacist of the Year

☐ APhA Student Leadership Award

☐ APhA-ASP Outstanding Chapter Advisor Award

☐ APhA-ASP Outstanding Dean

☐ Linwood F. Tice Friend of APhA-ASP Award

☐ We did not submit a nomination.

How many chapter members applied for an APhA Foundation Scholarship ? (e.g. 2) *

How many chapter members campaigned for APhA-ASP Chapter Office? (e.g. 5) *

How many chapter members campaigned for APhA-ASP Regional Office? (e.g. 5) *

How many chapter members applied for APhA-ASP Standing Committee? (e.g. 5) *

How many chapter members campaigned for APhA-ASP National Office? (e.g. 5) *

How many chapter members applied for the APhA Experiential Program - Carl F. Emswiller Summer Internship ? (e.g. 2) *

How many chapter members applied for the APhA Experiential Program - APPE ? (e.g. 2) *

How many chapter members attended the APhA Institute on Substance Use Disorders (e.g. 2)? *

How many chapter members attended the APhA-ASP Midyear Regional Meeting (e.g.2)? *

How many chapter members attended the APhA-ASP Summer Leadership Institute (e.g 2)? *

How many chapter members attended the APhA Annual Meeting & Exposition (e.g. 2)? *

How many chapter members attended a State Association Meeting (e.g. 2)? *

How many chapter members served on a State Association committee or as a State Association Board Member (e.g. 2)? *

Communications Structure

Does your chapter have a website? *

◯ Yes, we have a website available for viewing by the public.

◯ Yes, we have a website hosted internally on the school or college of pharmacy server.

◯ No, we do not have a website.

Provide the address for your chapter website.

[ ]

Does your school or college of pharmacy permit the use of social media sites for your chapter? *

◯ Yes

◯ No

Select the communication outlet(s) used by your chapter. *

☐ Facebook (private group)

☐ Facebook (public page)

☐ Twitter

☐ Instagram

☐ TikTok

☐ YouTube

☐ Snapchat

☐ Blog

☐ Podcast

☐ Newsletter/e-newsletter

☐ Group Chat (GroupMe, Slack, etc.)

☐ Other

[ ]

Provide the link to your chapter's public Facebook page. *

[ ]

Provide the link to your chapter's Twitter. *

[ ]

Provide the link to your chapter's Instagram. *

[ ]

Provide the link to your chapter's TikTok. *

[   ]

Provide the link to your chapter's YouTube page. *

[   ]

Provide the link to your chapter's blog. *

[   ]

Provide the link to your chapter's podcast. *

[   ]

Chapter Public Relations and Media Outreach

Please include the total number of impressions achieved by the chapter through all projects, events and campaigns. This should include any and all impressions as related to patient care projects, policy and advocacy, IPSF, etc..

[A] Total number of television media impressions. (e.g. 12,398) *

[   ]

[B] Total number of radio media impressions. (e.g. 12,398) *

[   ]

[C] Total number of website/social media impressions. (e.g. 12,398) *

[   ]

[D] Total number of billboard media impressions. (e.g. 12,398) *

[   ]

[E] Total number of other media impressions. (e.g. 12,398) *

[   ]

Describe the media outlet for "other" media impressions.

[   ]

Total number of individuals reached through public relations. (total number of impressions from all categories: A+B+C+D+E+F) * ⑦

[   ]

Describe internal communications for your chapter. Please include your chapter's strategy/planning for internal communications (member, faculty, campus), including the promotion of local, regional, and national APhA-ASP opportunities. *

[   ]

0/500 words

Describe external communications for your chapter. Please include your chapter's strategy/planning for external communications (patients, community, public). *

[   ]

0/500 words

Provide any additional information you would like to share regarding your chapter leadership, operations, and logistics. *

[   ]

0/500 words

Supporting Documents

All documents should be shared as PDF files.

If you chapter is interested in providing additional supporting documentation, please upload any additional items to your chapter's designated DropBox folder.

Upload your chronological list document for the reporting cycle. *

[Choose File] no file selected

Upload a copy of your budget for the reporting cycle. *

[Choose File] no file selected

Upload a copy of your chapter goals and objectives for the reporting cycle. *

[Choose File] no file selected

Upload a copy of your chapter constitution and by-laws. *

[Choose File] no file selected

Please provide the title, URL, and 35-word synopsis for each chapter operations, leadership, or membership video. APhA staff may request the original file. ⓘ

Congratulations! You have completed Section 2: APhA-ASP Chapter Operations, Logistics, & Membership

Section 3: APhA-ASP Chapter Advocacy and Policy Activities

Provide the total number of legislative advocacy events conducted by your chapter. (e.g. 14) *

Select the legislative events that your APhA-ASP Chapter participated in or conducted. *

☐ APhA-ASP Off Script Podcast

☐ Letter writing / postcard campaigns

☐ Hosting Congressional Member on campus / at a pharmacy

☐ Hosting State Legislative Member on campus / at a pharmacy

☐ Voter registration drive

☐ State legislative day

☐ Visit to the US Capitol to meet with congressional member

☐ Other

Describe your implementation, innovation, involvement, and impact of your legislative advocacy activities and events. *

[text input box]

0/250 words

Select the public advocacy events that your APhA-ASP Chapter participated in or conducted. *

☐ American Pharmacists Month

☐ Television Media Events

☐ Radio Media Events

☐ Pharmacy as a career presentation/career fairs

☐ Interprofessional presentations on the role of the pharmacist

☐ Other

[text input box]

Describe the chapter activities around American Pharmacists Month. *

[text input box]

0/250 words

Provide the total number of public advocacy events conducted by your chapter. (e.g. 14) *

[text input box]

Provide the total number of individuals educated through public advocacy events conducted by your chapter. (e.g. 169) *

[text input box]

Please describe your implementation, innovation, involvement, and impact of your public advocacy activities and events. *

[text input box]

0/250 words

Select the APhA-ASP Chapter Policy activities participated in or conducted by the chapter. *

☐ Provide an overview of the APhA-ASP Policy Process

☐ Have a Chapter Delegate at the APhA-ASP Midyear Regional Meeting

☐ Have a Chapter Delegate at the APhA Annual Meeting & Exposition

☐ Host an APhA-ASP Mock House of Delegates

☐ Provide a chapter proposed resolution statement during the APhA-ASP Midyear Regional Meeting

☐ Other

[   ]

Describe how the chapter prepared and engaged members for the APhA-ASP Midyear Regional Meeting Policy Proposal Forum. *

0/250 words

Describe how the chapter involves members in the APhA-ASP policy process and APhA-ASP House of Delegates at the Annual Meeting. *

0/250 words

Did your chapter participate in APhA Political Action Committee (PAC) promotion or fundraising? *

○ Yes

○ No

○ Unaware of the program (https://www.pharmacist.com/Advocacy/APhA-PAC/PAC-Challenge)

Please explain why your chapter did not participate (ex: unaware of the program, not permitted by school or college of pharmacy, etc.). *

0/255 characters

Total amount of funds donated to the APhA PAC. *

Describe your chapter's activities for APhA PAC fundraising. *

0/250 words

Please list the community / health care / pharmacy / public organization that you collaborated with for all advocacy and policy events. *

0/250 words

Please provide any additional information you would like to share regarding the involvement, innovation, and impact of your chapter advocacy and policy events. *

0/500 words

Please provide the title, URL, and 35-word synopsis for each advocacy and policy video. APhA staff may request the original file.

0/700 characters

Chapter Advocacy and Policy Chronological List (pdf). To be considered for a national award, this file must be uploaded. *

Choose File   no file selected

Congratulations! You have completed Section 3: APhA-ASP Chapter Advocacy and Policy Activities

Section 4: APhA-ASP Patient Care Activities

Select all of the local and national patient care projects that your chapter participated in during the reporting cycle. (check all that apply) *

☐ National PCP – Operation Diabetes

☐ National PCP – Operation Heart

☐ National PCP – Operation Immunization

☐ National PCP – Operation Reproductive Health

☐ National PCP – Operation Substance Use Disorders

☐ National PCP – OTC Medicine Safety

☐ Chapter PCP – Cancer Prevention

☐ Chapter PCP – Lung Health

☐ Chapter PCP – Men's Health

☐ Chapter PCP – Mental Health & Wellness (provided for patients / community)

☐ Other

List the community / health care / pharmacy / public organization that you collaborated with for all national and local patient care projects. *

Describe your chapter's approach to promoting and training chapter members to participate in patient care projects. *

0/250 words

Describe your chapter's approach to marketing and promoting patient care project events to members of the community. *

0/250 words

Provide the total number of CHAPTER SPECIFIC patient care projects/activities/events. (e.g. 50; DO NOT include the nationally recognized projects) *

Provide the total number of individuals / community members screened and educated by CHAPTER SPECIFIC patient care projects. (e.g. 50; DO NOT include the nationally recognized projects) *

Describe your chapter's implementation, innovation, involvement, and impact for all CHAPTER SPECIFIC patient care activities. *

0/750 words

Please provide the title, URL, and 35-word synopsis for each CHAPTER SPECIFIC patient care video. (National Patient Care Project Videos will be requested in a different section.) APhA staff may request the original file.

0/255 characters

O P E R A T I O N
SUBSTANCE USE DISORDERS
APhA ACADEMY OF STUDENT PHARMACISTS

Section 4: APhA-ASP Patient Care Activities - Operation Substance Use Disorder

Please complete the following information regarding your APhA-ASP Operation Substance Use Disorders campaign. If you do

not see any questions below, please return to the beginning of Section 4 and select "Operation Substance Use Disorders" in the first question.

If your chapter did not participate in Operation Substance Use Disorders, continue on to the next section. If you see questions under this section, return to the beginning of Section 4, deselect "Operation Substance Use Disorders" in the first question and then proceed on to the next section.

Operation Substance Use Disorders Events
In order for an event to be counted in this section, it MUST be included on your chronological list for this project.

[A] Total number of Operation SUD educational presentations *

[B] Total number of Operation SUD prescription medication take-back events *

[C] Total number of Operation SUD naloxone-related training or awareness events *

[D] Total number of Operation SUD legislative day or substance use disorders advocacy events *

[E] Total number of other Operation SUD events conducted *

If other Operation SUD events indicated, please describe.

Total number of Operation SUD events (total number of events from all categories: A+B+C+D+E) *

Event hours:

Total number of hours planning Operation Substance Use Disorders events *

Total number of hours conducting Operation Substance Use Disorders events *

Individuals Educated and Referred:

Total Number of Individuals Referred to Primary Care Provider for SUD Related Topics *

Total Number of Individuals who Received Health & Wellness/Clinical Services at an Operation SUD Event *

[A] Total number of individuals educated at Operation SUD presentations * ⓘ

[B] Total number of individuals educated at Operation SUD prescription medication take-back events * ⓘ

[C] Total number of individuals educated at Operation SUD naloxone-related training or awareness events * ⓘ

[D] Total number of individuals educated at Operation SUD legislative or advocacy events * ⓘ

[E] Total number of individuals educated at other Operation SUD events * ⓘ

Total number of individuals educated during Operation SUD events (total number of individuals from all categories: A+B+C+D+E) * ⓘ

Operation Substance Use Disorders Public Relations and Media Outreach

[A] Total number of Operation SUD television media impressions. *

[B] Total number of Operation SUD radio media impressions. *

[C] Total number of Operation SUD website/social media impressions *

[D] Total number of Operation SUD print media impressions. *

[E] Total number of Operation SUD billboard media impressions. *

[F] Total number of other Operation SUD media impressions. *

If "Other" media used for Operation SUD, please describe.

Total number of Operation SUD public relations impressions (total number of impressions from all categories: A+B+C+D+E+F) *

Operation Substance Use Disorders Participation

Total Number of APhA-ASP Member Participants for Operation SUD * ⑦

Total Number of non-APhA-ASP Member Participants for Operation SUD * ⑦

Total Number of Faculty and Staff Participants for Operation SUD *

Total Number of Pharmacists (non-faculty) Participants for Operation SUD *

Operation Substance Use Disorders Additional Questions

Estimated number of pounds of medicine collected at medication take back events.

Describe the most innovative educational event or component of your Operation Substance Use Disorders campaign. *

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0/250 words

Share one example of how participation in the Operation Substance Use Disorders campaign has directly benefited members of your APhA-ASP chapter. *

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0/250 words

Share one example of an interaction that an APhA-ASP member experienced with a patient or participant during an Operation Substance Use Disorders event, and describe how that community member benefited from Operation Substance Use Disorders. *

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0/250 words

Please describe your chapter's implementation, innovation, involvement, and impact for all Operation Substance Use Disorders activity. <u>To be considered for a regional or national award, this field must be completed.</u> *

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0/1000 words

Operation Substance Use Disorders Chronological List (pdf). <u>To be considered for a regional or national award, this file must be uploaded.</u> *

[Choose File] no file selected

Please provide the title, URL, and 35-word synopsis for each Operation Substance Use Disorders video. APhA staff may request a copy of the original file.

Section 4: APhA-ASP Patient Care Activities - Operation Diabetes

Please complete the following information regarding your APhA-ASP Operation Diabetes campaign. If you do not see any questions below, please return to the beginning of Section 4 and select "Operation Diabetes" in the first question.

If your chapter did not participate in Operation Diabetes, continue on to the next section. If you see questions under this section, return to the beginning of Section 4, deselect "Operation Diabetes" in the first question and then proceed on to the next section.

Operation Diabetes Events

In order for an event to be counted in this section, it MUST be included on your chronological list for this project.

Total Number of Operation Diabetes Events *

Event hours:

Total Number of Hours Planning Operation Diabetes Events *

Total Number of Hours Conducting Operation Diabetes Events *

Individuals Screened:

[A] Total Number of Individuals Screened for Blood Glucose or A1C Level *

[B] Total Number of Individuals Screened for ADA Risk Assessment *

[C] Total Number of Individuals Screened for Other Diabetes Risk Factors *

If other diabetes related criteria included, please describe the screening.

Total number of individuals screened at Operation Diabetes events (sum of individuals screened in all categories: A+B+C)

Individuals Educated and Referred:

Total Number of Individuals Referred to Primary Care Provider for Diabetes Related Topics *

Total Number of Individuals who Received Health & Wellness/Clinical Services at an Operation Diabetes Event * ⊙

Total Number of Individuals who Received Education at an Operation Diabetes Event * ⊙

Operation Diabetes Public Relations and Media Outreach

[A] Total number of Operation Diabetes television media impressions. *

[B] Total number of Operation Diabetes radio media impressions. *

[C] Total number of Operation Diabetes website/social media impressions *

[D] Total number of Operation Diabetes print media impressions. *

[E] Total number of Operation Diabetes billboard media impressions. *

[F] Total number of other Operation Diabetes media impressions. *

[   ]   **If "Other" media used for Operation Diabetes, please describe.**

Total number of Operation Diabetes public relations impressions (total number of impressions from all categories: A+B+C+D+E+F) *

[   ]

Operation Diabetes Participation

Total Number of APhA-ASP Member Participants for Operation Diabetes * ⑦

[   ]

Total Number of non-APhA-ASP Member Participants for Operation Diabetes * ⑦

[   ]

Total Number of Faculty and Staff Participants for Operation Diabetes *

[   ]

Total Number of Pharmacists (non-faculty) Participants for Operation Diabetes *

[   ]

Operation Diabetes Additional Questions

Describe the most innovative event or component of your Operation Diabetes campaign. *

[   ]

0/250 words

Give one example of how participation in the Operation Diabetes campaign has directly benefited members of your APhA-ASP chapter. *

[   ]

0/250 words

Share one example of an interaction that an APhA-ASP member experienced with a patient or participant during an Operation Diabetes event, and describe how that community member benefited from your Operation Diabetes campaign. *

0/250 words

Please describe your chapter's implementation, innovation, involvement, and impact for all Operation Diabetes activities. To be considered for a regional or national APhA-ASP Operation Diabetes Award, this field must be completed. *

0/1000 words

Operation Diabetes Chronological List (pdf). To be considered for a regional or national award, this file must be uploaded. *

[Choose File] no file selected

Please provide the title, URL, and 35-word synopsis for each Operation Diabetes video. APhA staff may request a copy of the original file.

0/255 characters

OPERATION
HEART
APhA ACADEMY OF STUDENT PHARMACISTS

Section 4: APhA-ASP Patient Care Activities - Operation Heart

Please complete the following information regarding your APhA-ASP Operation Heart campaign. If you do not see any questions below, please return to the beginning of Section 4 and select "Operation Heart" in the first question.

If your chapter did not participate in Operation Heart, continue on to the next section. If you see questions under this section, return to the beginning of Section 4, deselect "Operation Heart" in the first question and then proceed on to the next section.

Operation Heart Events

In order for an event to be counted in this section, it MUST be included on your chronological list for this project.

Total Number of Operation Heart Events *

[   ]

Event hours:

Total Number of Hours Planning Operation Heart Events *

[   ]

Total Number of Hours Conducting Operation Heart Events *

[   ]

Individuals Screened:

[A] Total Number Individuals Screened for Body Mass Index at an Operation Heart Event *

[   ]

[B] Total Number Individuals Screened for Hyperlipidemia at an Operation Heart Event *

[   ]

[C] Total Number Individuals Screened for Hypertension at an Operation Heart Event *

[   ]

[D] Total Number Individuals Screened for Tobacco Cessation at an Operation Heart Event *

[   ]

[E] Total Number Individuals Screened for CVD Risk Factors at an Operation Heart Event *

[   ]

[F] Total Number Individuals Screened for Other Risk Factors at an Operation Heart Event *

[   ]

If other cardiovascular related criteria included, please describe the screening.

[   ]

Total Number of Individuals Screened at Operation Heart Events (sum of individuals screened in all categories: A+B+C+D+E+F) *

[ ]

Individuals Educated and Referred:

Total Number of Individuals Referred to Primary Care Provider for Cardiovascular Related Topics *

[ ]

Total Number of Individuals who Received Health & Wellness/Clinical Services at an Operation Heart Event * ⑦

[ ]

[A] Total Number of Individuals Educated on Nutrition and Lifestyle at an Operation Heart Event *

[ ]

[B] Total Number of Individuals Educated on Hyperlipidemia at an Operation Heart Event *

[ ]

[C] Total Number of Individuals Educated on Hypertension at an Operation Heart Event *

[ ]

[D] Total Number of Individuals Educated on Tobacco Cessation at an Operation Heart Event *

[ ]

[E] Total Number of Individuals Educated on Other Cardiovascular Disease Topics at an Operation Heart Event *

[ ]

If "other" education provide at an Operation Heart event, please describe.

[ ]

Total Number of Individuals Who Received Education at Operation Heart Events (sum of individuals educated in all categories: A+B+C+D+E) * ⑦

[ ]

Operation Heart Public Relations and Media Outreach

[A] Total number of Operation Heart television media impressions. *

[B] Total number of Operation Heart radio media impressions. *

[C] Total number of Operation Heart website/social media impressions *

[D] Total number of Operation Heart print media impressions. *

[E] Total number of Operation Heart billboard media impressions. *

[F] Total number of other Operation Heart media impressions. *

If "Other" media used for Operation Heart, please describe.

Total number of Operation Heart public relations impressions (total number of impressions from all categories: A+B+C+D+E+F) *

Operation Heart Participation

Total Number of APhA-ASP Member Participants for Operation Heart * ⑦

Total Number of non-APhA-ASP Member Participants for Operation Heart * ⑦

Total Number of Faculty and Staff Participants for Operation Heart *

Total Number of Pharmacists (non-faculty) Participants for Operation Heart *

Operation Heart Additional Questions

Describe the most innovative event or component of your Operation Heart campaign. *

0/250 words

Share one example of how participation in the Operation Heart campaign has directly benefited members of your APhA-ASP chapter. *

0/250 words

Share one example of an interaction that an APhA-ASP member experienced with a patient or participant during an Operation Heart event and describe how that community member benefited from your Operation Heart campaign. *

0/250 words

Please describe your chapter's implementation, innovation, involvement, and impact for all Operation Heart activities. To be considered for a regional or national APhA-ASP Operation Heart Award, this field must be completed. *

0/1000 words

Operation Heart Chronological List (pdf). To be considered for a regional or national award, this file must be uploaded. *

Choose File   no file selected

Please provide the title, URL, and 35-word synopsis for each Operation Heart video. APhA staff may request a copy of the original file.

Section 4: APhA-ASP Patient Care Activities - Operation Immunization

Please complete the following information regarding your APhA-ASP Operation Immunization campaign. If you do not see any questions below, please return to the beginning of Section 4 and select "Operation Immunization" in the first question.

If your chapter did not participate in Operation Immunization, continue on to the next section. If you see questions under this section, return to the beginning of Section 4, deselect "Operation Immunization" in the first question and then proceed on to the next section.

Operation Immunization Events
In order for an event to be counted in this section, it MUST be included on your chronological list for this project.

[A] Total Number of Flu Shot Clinics *

[B] Total Number of COVID-19 Vaccination Clinics *

[C] Total Number of Other Vaccination Clinics *

If "Other" vaccination clinics conducted, please describe.

[D] Total Number of Non-vaccine Events (e.g. immunization record review, educational event, etc.) *

Total Number of Operation Immunization Events (total number of events from all categories: A+B+C+D) *

[ ]

Event hours:

Total Number of Hours Planning Operation Immunization Events *

[ ]

Total Number of Hours Conducting Operation Immunization Events *

[ ]

Individuals Immunized:
*The below numbers should reflect the number of immunization provided by student pharmacists. Please adjust the immunization count accordingly if some of the immunizations were provided by pharmacists (example: 100 immunizations provided * approx. 40% administered by student pharmacists = 40 immunizations administered by student pharmacists).*

[ ]   [A] Total Number of Individuals Immunized for COVID-19. * ⑦

[ ]   [B] Total Number of Individuals Immunized for Influenza. * ⑦

[ ]   [C] Total Number of Individuals Immunized for Pneumococcus. * ⑦

[ ]   [D] Total Number of Individuals Immunized for HPV. * ⑦

[ ]   [E] Total Number of Individuals Immunized for Other Vaccines (shingles, Tdap, etc.). * ⑦

[ ]   If other immunizations provided, please describe.

Total number of Individuals Immunized at Operation Immunization Events (sum of individuals immunized in all categories: A+B+C+D+E)

[ ]

Individuals Screened and Referred:

Total Number of Individuals Referred to a Primary Care Provider at an Operation Immunization Event *

[ ]

Total Number of Individuals Screened/Tested for COVID-19 at an Operation Immunization Event *

[   ]

Total Number of Individuals Who Received Health & Wellness / Clinical Services at an Operation Immunization Event (do NOT include COVID-19 services) *

[   ]

Individuals Educated:

[A] Total Number of Individuals Educated on COVID-19 at an Operation Immunization Event *

[   ]

[B] Total Number of Individuals Educated on HPV at an Operation Immunization Event *

[   ]

[C] Total Number of Individuals Educated on Influenza at an Operation Immunization Event *

[   ]

[D] Total Number of Individuals Educated on Pneumococcus at an Operation Immunization Event *

[   ]

[E] Total Number of Individuals Educated on Travel Health Vaccines at an Operation Immunization Event *

[   ]

[F] Total Number of Individuals Educated on Other Vaccines at an Operation Immunization Event *

[   ]

If other education on immunizations provided, please describe.

[   ]

Total number of Individuals Educated at Operation Immunization Events (sum of individuals educated in all categories: A+B+C+D+E+F)

[   ]

Operation Immunization Public Relations and Media Outreach

[A] Total number of Operation Immunization television media impressions. *

[B] Total number of Operation Immunization radio media impressions. *

[C] Total number of Operation Immunization website/social media impressions *

[D] Total number of Operation Immunization print media impressions. *

[E] Total number of Operation Immunization billboard media impressions. *

[F] Total number of other Operation Immunization media impressions. *

If "Other" media used for Operation Immunization, please describe.

Total number of Operation Immunization public relations impressions (total number of impressions from all categories: A+B+C+D+E+F) *

Operation Immunization Participation

Total Number of APhA-ASP Member Participants for Operation Immunization * ⑦

Total Number of non-APhA-ASP Member Participants for Operation Immunization * ⑦

Total Number of Faculty and Staff Participants for Operation Immunization *

Total Number of Pharmacists (non-faculty) Participants for Operation Immunization *

Operation Immunization Additional Questions

Describe the most innovative event or component of your Operation Immunization campaign. *

0/250 words

Give one example of how participation in the Operation Immunization campaign has directly benefited members of your APhA-ASP chapter. *

0/250 words

Share one example of an interaction that an APhA-ASP member experienced with a patient or participant during an Operation Immunization event, and describe how that community member benefited from your Operation Immunization campaign. *

0/250 words

Please describe your chapter's implementation, innovation, involvement, and impact for all Operation Immunization activities. To be considered for a regional or national APhA-ASP Operation Immunization Award, this field must be completed. *

0/1000 words

Operation Immunization Chronological List (pdf). To be considered for a regional or national APhA-ASP Operation Immunization Award, this file must be uploaded. *

Choose File | no file selected

Please provide the title, URL, and 35-word synopsis for each Operation Immunization video. APhA staff may request a copy of the original file.

0/255 characters

OVER-THE-COUNTER
MEDICINE SAFETY

Section 4: APhA-ASP Patient Care Activities - OTC Medicine Safety

Please complete the following information regarding your APhA-ASP OTC Medicine Safety campaign. If you do not see any questions below, please return to the beginning of Section 4 and select "OTC Medicine Safety" in the first question.

If your chapter did not participate in OTC Medicine Safety, continue on to the next section. If you see questions under this section, return to the beginning of Section 4, deselect "OTC Medicine Safety" in the first question and then proceed on to the next section.

OTC Medicine Safety Events
In order for an event to be counted in this section, it MUST be included on your chronological list for this project.

Total Number of OTC Medicine Safety Events *

Event hours:

Total Number of Hours Planning OTC Medicine Safety Events *

Total Number of Hours Conducting OTC Medicine Safety Events *

Individuals Educated and Referred:

Total Number of Individuals Referred to a Primary Care Provider at an OTC Medicine Safety Event *

Total Number of Individuals who Received Health & Wellness/Clinical Services at an OTC Medicine Safety Event * ⑦

[A] Total Number of 5th through 8th Grade Students Educated at OTC Medicine Safety Events. *

[B] Total Number of Parents and Caregivers of 5th through 8th Grade Students Educated at OTC Medicine Safety Events. *

[C] Total Number of Coaches and Educators of 5th through 8th Grade Students Educated at OTC Medicine Safety Events. *

[D] Total Number of Other Individuals Educated at OTC Medicine Safety Events. *

If other individuals educated at OTC Medicine Safety Events, please describe.

Total Number of Individuals Educated at OTC Medicine Safety Events (sum of individuals educated in all categories: A+B+C+D) *

OTC Medicine Safety Public Relations and Media Outreach

[A] Total number of OTC Medicine Safety television media impressions. *

[B] Total number of OTC Medicine Safety radio media impressions. *

[C] Total number of OTC Medicine Safety website/social media impressions *

[D] Total number of OTC Medicine Safety print media impressions. *

[E] Total number of OTC Medicine Safety billboard media impressions. *

[F] Total number of other OTC Medicine Safety media impressions. *

If "Other" media used for OTC Medicine Safety, please describe.

Total number of OTC Medicine Safety public relations impressions (total number of impressions from all categories: A+B+C+D+E+F) *

OTC Medicine Safety Participation

Total Number of APhA-ASP Member Participants for OTC Medicine Safety * ⑦

Total Number of non-APhA-ASP Member Participants for OTC Medicine Safety * ⑦

Total Number of Faculty and Staff Participants for OTC Medicine Safety *

Total Number of Pharmacists (non-faculty) Participants for OTC Medicine Safety *

OTC Medicine Safety Additional Questions

Describe the most innovative event or component of your OTC Medicine Safety campaign. *

0/250 words

Give one example of how participation in the OTC Medicine Safety campaign has directly benefited members of your APhA-ASP chapter. *

0/250 words

Share one example of an interaction that an APhA-ASP member experienced with a patient or participant during an OTC Medicine Safety event, and describe how that community member benefited from your OTC Medicine Safety campaign. *

0/250 words

Please describe your chapter's implementation, innovation, involvement, and impact for all OTC Medicine Safety activities. <u>To be considered for a regional or national APhA-ASP OTC Medicine Safety Award, this field must be completed.</u> *

0/1000 words

OTC Medicine Safety Chronological List (pdf). <u>To be considered for a regional or national APhA-ASP OTC Medicine Safety award this file must be uploaded.</u> *

Choose File no file selected

Please provide the title, URL, and 35-word synopsis for each OTC Medicine Safety video. APhA staff may request a copy of the original file.

0/255 characters

O P E R A T I O N
REPRODUCTIVE
HEALTH
APhA ACADEMY OF STUDENT PHARMACISTS

Section 4: APhA-ASP Patient Care Activities - Operation Reproductive Health

Please complete the following information regarding your APhA-ASP Operation Reproductive Health. As a reminder, Operation Reproductive Health is focused on student pharmacists reaching out to their communities to provide health and wellness services focused on improving cancer prevention through Human Papillomavirus (HPV) vaccination and improving reproductive and sexual health education. If you do not see any questions below, please return to the beginning of Section 4 and select "Operation Reproductive Health" in the first question.

If your chapter did not participate in Operation Reproductive Health, continue on to the next section. If you see questions under this section, return to the beginning of Section 4, deselect "Operation Reproductive Health" in the first question and then proceed on to the next section.

Operation Reproductive Health Events
In order for an event to be counted in this section, it MUST be included on your chronological list for this project.

[A] Total Number of Operation Reproductive Health Events on the HPV and the HPV Vaccine *

[B] Total Number of Operation Reproductive Health Events on Cancer Prevention * ⑦

[C] Total Number of Operation Reproductive Health Events on Sexually Transmitted Infections (STIs) *

[D] Total Number of Operation Reproductive Health Events on Contraception Topics *

[E] Total Number of Operation Reproductive Health Events on Pregnancy Health *

[F] Total Number of Other Operation Reproductive Health Events *

If "Other" Operation Reproductive Health events were conducted, please describe.

Total Number of Operation Reproductive Health Events (total number of events from all categories: A+B+C+D+E+F) *

Event hours:

Total Number of Hours Planning Operation Reproductive Health Events *

Total Number of Hours Conducting Operation Reproductive Health Events *

[ ]

Individuals Educated, Immunized & Referred:

Total Number of Individuals Referred to a Primary Care Provider at Operation Reproductive Health Events *

[ ]

Total Number of Individuals who Received Health & Wellness/Clinical Services at an Operation Reproductive Health event. * ⑦

[ ]

Total Number of Individuals Immunized for HPV. * ⑦

[ ]

[A] Total Number of Individuals Educated on HPV and the HPV Vaccine at Operation Reproductive Health Events *

[ ]

[B] Total Number of Individuals Educated on Cancer Prevention at Operation Reproductive Health Events * ⑦

[ ]

[C] Total Number of Individuals Educated on Sexually Transmitted Infections (STIs) at Operation Reproductive Health Events *

[ ]

[D] Total Number of Individuals Educated on Contraception Topics at Operation Reproductive Health Events *

[ ]

[E] Total Number of Individuals Educated on Pregnancy Health at Operation Reproductive Health Events *

[ ]

[F] Total Number of Individuals Educated on Other Topics at Operation Reproductive Health Events *

[ ]

If "Other" topics were educated on at Operation Reproductive Health events, please describe.

[ ]

Total Number of Individuals Educated at Operation Reproductive Health Events (total number of individuals educated from all

categories: A+B+C+D+E+F) *

[_____]

Operation Reproductive Health Public Relations and Media Outreach

[_____] **[A] Total number of Operation Reproductive Health television media impressions. ***

[_____] **[B] Total number of Operation Reproductive Health radio media impressions. ***

[_____] **[C] Total number of Operation Reproductive Health website/social media impressions ***

[_____] **[D] Total number of Operation Reproductive Health print media impressions. ***

[_____] **[E] Total number of Operation Reproductive Health billboard media impressions. ***

[_____] **[F] Total number of other Operation Reproductive Health media impressions. ***

[_____] **If "Other" media used for Operation Reproductive Health, please describe.**

Total number of Operation Reproductive Health public relations impressions (total number of impressions from all categories: A+B+C+D+E+F) *

[_____]

Operation Reproductive Health Participation

Total Number of APhA-ASP Member Participants for Operation Reproductive Health * ⑦

[_____]

Total Number of non-APhA-ASP Member Participants for Operation Reproductive Health * ⑦

[_____]

Total Number of Faculty and Staff Participants for Operation Reproductive Health *

[_____]

Total Number of Pharmacists (non-faculty) Participants for Operation Reproductive Health *

[   ]

Operation Reproductive Health Additional Questions

Describe the most innovative event or component of your Operation Reproductive Health campaign. *

[text area]

0/250 words

Give one example of how participation in the Operation Reproductive Health has directly benefited members of your APhA-ASP chapter. *

[text area]

0/250 words

Share one example of an interaction that an APhA-ASP member experienced with a patient or participant during a Operation Reproductive Health event, and describe how that community member benefited from your Operation Reproductive Health. *

[text area]

0/250 words

Please describe your chapter's implementation, innovation, involvement, and impact for all Operation Reproductive Health activities. <u>To be considered for recognition of your APhA-ASP Operation Reproductive Health, this field must be completed.</u> *

[text area]

0/1000 words

Operation Reproductive Health Chronological List (pdf). <u>To be considered for recognition of your APhA-ASP Operation</u>

Reproductive Health award, this file must be uploaded. *

[Choose File] no file selected

Please provide the title, URL, and 35-word synopsis for each Operation Reproductive Health video. APhA staff may request a copy of the original file.

0/255 characters

Section 5: APhA-ASP Professionalism Activities

Provide the total number of professionalism events conducted by the APhA-ASP Chapter.
In order for an event to be counted in this section, it MUST be included on your chronological list. *

Select the professionalism activities conducted by your APhA-ASP Chapter. (check all that apply) *

☐ APhA-ASP National Patient Counseling Competition

☐ APhA-ASP PharmFlix

☐ State Pharmacy Association activities (non-legislative)

☐ State Pharmacy Association meeting

☐ Career development events (roundtables, panels, interview prep, etc.)

☐ CV / Resume Information

☐ Etiquette / Professional dress class

☐ Experiential Prep Information (IPPE / APPE)

☐ Food drive

☐ Clothing drive

☐ Interprofessional event (non-patient care)

☐ Leadership development for general members

☐ Mental Health / Wellness for student pharmacists

☐ Peer to peer mentoring program

☐ Pet shelter event

☐ Philanthropy (non-patient care)

☐ Recycling event

☐ Residency / Post Grad Information

☐ Toy drive

☐ Other

[text input box]

If your chapter completed philanthropy (not associated with a patient care project), please describe your activities. Specify the total amount of funds raised or donated if applicable. *

[text area]

0/250 words

Please list the community / health care / pharmacy / public organization that you collaborated with for all professionalism activities. *

[text area]

State Pharmacy Association Participation

Select the following statements as they relate to the school or college of pharmacy and chapter structure (check all that apply). *

☐ Our chapter is affiliated with a State Pharmacy Association.

☐ Our chapter is not affiliated with a State Pharmacy Association. It is a separate group at our school or college of pharmacy.

☐ Our chapter structure includes mandatory dues and participation with our State Pharmacy Association.

☐ Our chapter structure does not include mandatory dues and participation with our State Pharmacy Association.

Describe your chapter's relationship with the State Pharmacists Association and current activities / opportunities for students with the State. *

[text area]

0/300 words

Professionalism Additional Questions

Describe the most innovative event or component of professionalism at your chapter. *

0/250 words

Give one example of how participation in a professionalism activity has directly benefited members of your APhA-ASP chapter. *

0/250 words

Share one example of an interaction that an APhA-ASP member experienced during a professionalism event or activity, and describe how that chapter member benefited. *

0/250 words

Please describe your chapter's implementation, innovation, involvement, and impact for other professionalism activities. <u>To be considered for a national award, this field must be completed.</u> *

0/1000 words

Professionalism Chronological List (pdf). <u>To be considered for a national award, this file must be uploaded.</u> *

Choose File   no file selected

Please provide the title, URL, and 35-word synopsis for each professionalism video. APhA staff may request the original file.

[   ]

Congratulations! You have completed Section 5: APhA-ASP Chapter Professionalism Activities

Section 6: APhA-ASP IPSF Activities

Select the IPSF activities conducted by your APhA-ASP Chapter. (check all that apply) *

☐ Medicine Awareness (ex. anti-microbial resistance, drug abuse and misuse, drug interactions, OTC medicine use, medication adherence)

☐ Anti-Counterfeit Drugs

☐ Tobacco Awareness

☐ HIV/AIDS Awareness

☐ Healthy Living and Diabetes Awareness

☐ Tuberculosis Awareness

☐ Vampire Cup

☐ Student Exchange Program - Host Site

☐ Student Exchange Program - Chapter members applied

☐ Our chapter did not conduct any IPSF activities

☐ Other

[   ]

Please describe your chapter's implementation, innovation, involvement, and impact for all IPSF activities. *
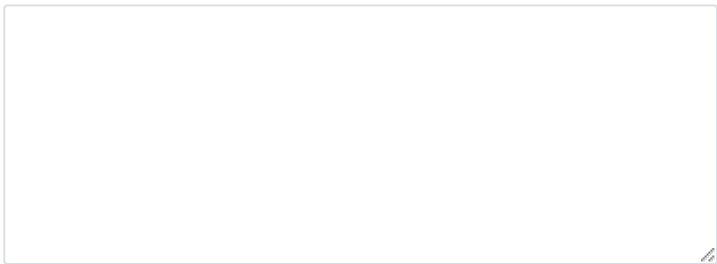
[   ]

0/1000 words

IPSF Chronological List (pdf). <u>To be considered for a national award, this file must be uploaded.</u> *

[Choose File] no file selected

Please provide the title, URL, and 35-word synopsis for each IPSF video. APhA staff may request the original file.

Congratulations! You have completed Section 6: APhA-ASP Chapter IPSF Activities

Section 7: APhA-ASP Optional Award Report

Our APhA-ASP will be submitting a report for *

○ APhA-ASP Most Improved

○ No additional awards

Section 7: APhA-ASP Most Improved Report (Optional)

Please complete the following information regarding your APhA-ASP Most Improved report. If you do not see any questions below, please return to the beginning of Section 7 and select "Most Improved" in the first question.

If your chapter is not submitting a report for this section, return to the beginning of Section 7, deselect "Most Improved" in the first question and move to the next section.

Please describe how your chapter has improved over the previous 3 years by providing a list of advancements, which you feel demonstrate exceptional growth and development. For each item, specifically explain how it compares to previous years (i.e., providing supporting information or statistics where appropriate) and describe how these improvements have impacted your chapter, school or college of pharmacy, or the community.

Improvements may include, but are not limited to, newly implemented programs or advancements in the areas of patient care, policy, and advocacy, professionalism, or IPSF activities, as well as improvements in chapter programming, membership recruitment/retention/participation, or chapter structure and operations. Include statistics that demonstrate improvement or growth where possible. *

0/1000 words

Please provide the title, URL, and 35-word synopsis for each video. APhA staff may request the original file.

[text area]

Section 8: APhA-ASP Chapter Advisor Confirmation

This section should only be completed by the <u>APhA-ASP Chapter Advisor</u>.

Please review the following statements and check the boxes. If correct sign and submit the report.

As the APhA-ASP Chapter Advisor, I hereby state I have reviewed our APhA-ASP Chapter Achievement Report form and related materials. *

○ I attest yes.

○ I attest no.

As the Chapter Advisor, I hereby state that the materials are the work of our APhA-ASP Chapter Members and the activities represented in this entry are an accurate portrayal of the work our chapter has completed. *

○ I attest yes.

○ I attest no.

APhA-ASP Chapter Advisor Name *   **APhA-ASP Chapter Advisor Email Address ***

[_____]   [_____]

APhA-ASP Chapter Advisor Signature *

[signature box]

clear

Thank you for completing the 2022-2023 APhA-ASP Chapter Achievement Report!

Cancel   Update