



**APhA**  
Academy of Student Pharmacists

## APhA-ASP Chapter Achievement Report

Welcome to the 2020-2021 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.

We understand that the 2020-2021 year has presented challenges to all APhA-ASP chapters. This year 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. **Please include all activities directly related to COVID-19 outreach in Section 3.** 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 chapter may submit photos and supplemental materials via Dropbox. An invitation to the Dropbox folder was sent to all APhA-ASP Chapter Advisors and chapter leaders currently identified in the APhA chapter administrative account.

**If you or another chapter has previously started and saved an incomplete form, you can click here to access and complete the form: [Access a previously saved APhA-ASP CAR Form](#)**

Complete information on the APhA-ASP reporting and awards process can be found on the website at [pharmacist.com/apha-asp-chapter-achievement-awards-program](https://pharmacist.com/apha-asp-chapter-achievement-awards-program).

Questions about your chapter achievement report? Please contact Crystal Atwell, APhA Director of Student & New Practitioner Development, at [CAtwell@aphanet.org](mailto:CAtwell@aphanet.org) or 202-429-7586.

### Section 1: APhA-ASP Chapter Contact Information

**APhA-ASP Region \***

Region 1 ▼

**School or College of Pharmacy \***

Western University of Health Sciences ▼

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 \***

APhA

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

apha-asp@aphanet.org

**APhA-ASP Chapter Officer Name \***

APhA-ASP

**APhA-ASP Chapter Officer Email Address \***

apha-asp@aphanet.org

**Be sure to create an account for your CAR form so that you can save the information and return as needed. Each APhA-ASP Chapter should submit only one form. Use this link to access a form that is in progress: [https://fs8.formsite.com/APhA-ASP/20-21CAR/form\\_login.html](https://fs8.formsite.com/APhA-ASP/20-21CAR/form_login.html)**

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## 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-Professional Years + 4 Professional Years
- ☐ 3 Pre-Professional Years + 4 Professional Years
- ☐ 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): \***

If the length of your semester was impacted by COVID-19 please explain. If not put N/A. \*

0/250 words

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 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.
- ☐ Our chapter is not affiliated with a State Pharmacy Association. It is a separate group at our school or college of pharmacy.
- ☐ Our chapter is not merged with any other National Associations (i.e. standalone chapter).
- ☐ Other

If your APhA-ASP chapter is merged with other organizations, please list the other organizations 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)

## Finance Information

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

☐ Yes

☐ No

If yes, what portion of the dues does the school cover? \*

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

☐ Yes

☐ No

If yes, what portion of the dues does the school cover? \*

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 receive financial support to attend professional meetings from the school or college of pharmacy? \***

☐ Yes

☐ No

**If yes, please describe the support provided. \***

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

**If yes, then describe the organization that provided the grant / award and amount for funding received. \***

**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) \***

**Describe your chapter budgeting process. \***

0/300 words

**Describe your chapter's fundraising activities, including the most successful and innovative events, and the total amounts raised by each event. (If your chapter's fundraising was affected by COVID please explain below.) \***

0/300 words

Please describe the top 3 achievements of your APhA-ASP Chapter during the reporting cycle. \*

0/500 words

## Leadership Structure

Please indicate which positions are included in the APhA-ASP Chapter Executive Committee Structure. \*

- ☐ President
- ☐ President-elect
- ☐ Communications VP
- ☐ Finance VP
- ☐ International VP
- ☐ Membership VP
- ☐ Patient Care VP
- ☐ Policy VP
- ☐ Generation Rx or Operation SUD Chair
- ☐ Operation Diabetes Chair
- ☐ Operation Heart Chair
- ☐ Operation Immunization 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 chosen

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? (Please select all that apply) \*

- ☐ Spring
- ☐ Fall
- ☐ Summer
- ☐ None
- ☐ Other

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

0/500 words

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

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

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](https://pharmacist.com/new-practitioner-mentor-program))

**If yes, please describe how APhA New Practitioner Mentors are utilized within APhA-ASP Chapter activities. \***

0/300 words

## Membership Structure

**List the goal number of chapter members for the reporting cycle. (e.g 153) \***

**List the total number of chapter members for the reporting cycle. (e.g 153) \***

**Did your chapter conduct and promote membership during the following campaigns? (Select all that apply.) \***

- ☐ Fall Membership Drive
- ☐ Fall Membership Drive for final-year student pharmacists
- ☐ Spring / Transitioning Membership Drive
- ☐ Other

**Describe the planning, execution, and innovation for APhA-ASP fall membership drive. \***



0/300 words

**Describe the planning, execution, and innovation for 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

**If yes, 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

If yes, describe the member engagement for feedback. \*

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

What is the frequency of general chapter body meetings? \*

☐ Weekly

☐ Twice a Month

☐ Monthly

☐ Other

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

0/300 words

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

Describe the social events conducted for chapter members. \*

0/300 words

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

☐ Yes

☐ No

If yes, 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

If yes, provide the name and description of the award. \*

Did your chapter nominate an individual for the following awards? (Check all those 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 the State Association Meeting (e.g. 2)? \*

How many chapter members served on a State Association committee (e.g. 2)? \*

How many chapter members served 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 - provide web address below.
- ☐ 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

☐ Twitter

☐ Instagram

☐ YouTube

☐ Snapchat

☐ Blog

☐ Podcast

☐ Newsletter/e-newsletter

☐ Other

List the total number of individuals reached through public relations. (e.g. 12,398) \* ⓘ

Total number of television media impressions. (e.g. 12,398) \*

Total number of radio media impressions. (e.g. 12,398) \*

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

Total number of billboard media impressions. (e.g. 12,398) \*

Total number of other media impressions. (e.g. 12,398) \*

Describe the media outlet for "other" media impressions.

**Describe internal communications for your chapter. Please include your chapter's strategy/planning for internal (member, faculty, campus) communications, 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 (patients, community, public) communications. \***

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.

**Upload your chronological list document for the reporting cycle. \***

Choose File

No file chosen

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

Choose File

No file chosen

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

Choose File

No file chosen

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

Choose File No file chosen

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**

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### Section 3: COVID-19

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

☐ Virtual

☐ Live

☐ Hybrid

☐ Other

**What 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

**Select the activities related to COVID-19 that your APhA-ASP Chapter participated in or conducted. \***

- ☐ COVID Testing
- ☐ COVID Vaccine Distribution/Administration
- ☐ COVID Education Event
- ☐ Other

**Provide the total number of COVID-19 related projects / activities / events your chapter held or participated in. \***

**Please provide the total number of individuals for each activity related to COVID-19:**

**Individuals/ community members tested \***

**Vaccinated \***

**Educated \***

**Provided with related healthcare or community services (ie shopping for the elderly and/or at risk, making and/or donating PPE, etc.) \***

**Describe your chapter's implementation, innovation, involvement, and impact for all COVID-19 related activities. \***

0/750 words

**Describe your most innovative event surrounding COVID-19 and the impact that this event had on your community. \***

0/500 words

**List the community / health care / pharmacy / public organization that you collaborated with for all COVID-19 outreach. \***



0/500 words

**Congratulations! You have completed Section 3: COVID-19**

#### Section 4: 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. \***

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

**Describe the chapter activities around American Pharmacists Month. \***

0/250 words

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

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

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

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. \***

0/250 words

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

- ☐ Yes
- ☐ No

**If no, please explain. (Unaware of the program, not permitted by school or college of pharmacy, etc.) \***

**If yes, what was the total amount of funds donated to the APhA PAC. \***

**If yes, describe your chapter 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.

**Congratulations! You have completed Section 4: APhA-ASP Chapter Advocacy and Policy Activities**

▲ 3 / 4 ▼

## Section 5: 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 Substance Use Disorders (formerly Generation Rx)
- ☐ National PCP – Operation Diabetes
- ☐ National PCP – Operation Heart
- ☐ National PCP – Operation Immunization
- ☐ National PCP – OTC Medicine Safety
- ☐ National PCP – Women's Health
- ☐ Chapter PCP - Cancer Prevention
- ☐ Chapter PCP – Men's Health
- ☐ Chapter PCP – Mental Health & Wellness (provided for patients / community)
- ☐ Chapter PCP – Lung Health
- ☐ Other

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 local, chapter patient care projects. (e.g. 50; do not include the nationally recognized projects) \*

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

Describe your chapter's implementation, innovation, involvement, and impact for all local / chapter specific patient care activities. \*

0/750 words

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



## Section 4: APhA-ASP Patient Care Activities - Generation Rx / Operation Substance Use Disorder

Please complete the following information regarding your APhA-ASP Operation Substance Use Disorders (formerly Generation Rx) 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, move to the next section. APhA-ASP acknowledges that it may take time to fully transition your chapter's patient care project to Operation Substance Use Disorders. If your chapter was in the process of transitioning from Generation Rx, include those events in this section.

### Total number of Operation Substance Use Disorders events (including Generation Rx events)

Total number of educational presentations \*

Total number of prescription medication take-back events \*

Total number of naloxone-related training or awareness events \*

Total number of legislative day or substance use disorders advocacy events \*

Total number of other events conducted \*

If other events indicated, please describe.

### Total number of hours planning Operation Substance Use Disorders (Generation Rx) events \*

### Total number of hours conducting Operation Substance Use Disorders (Generation Rx) events \*

### Total number of individuals educated during Operation Substance Use Disorders events (including Generation Rx events)

Presentations \*

Prescription Medication Take-back Events \*

Naloxone-related training or awareness events \*

Legislative day or substance use disorders advocacy events \*

Educated at "other" events \*

Please share the total number of individuals reached through public relations (mass media) initiatives in each of these areas:

Total number of television media impressions. \*

Total number of radio media impressions. \*

Total number of website/social media impressions. \*

Total number of print media impressions. \*

Total number of billboard media impressions. \*

Total number of other media impressions. \*

If "Other" media used, please describe.

Total Number of APhA-ASP Member Participants \*

Total Number of non-APhA-ASP Member Participants \*

Total Number of Faculty and Staff Participants \*

**Total Number of Pharmacists (non-faculty) Participants \***

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

0/250 words

**Share one example of how participation in Operation Substance Use Disorders had an impact on prescribers or other members of the health care team. \***

0/250 words

**Share one example of an interaction that an APhA-ASP member experienced with a patient or participant during a Generation Rx medication take-bake or drug disposal event, and describe how that community member benefited from Generation Rx. \***

0/250 words

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

0/250 words

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



0/1000 words

Please upload a copy of your Operation Substance Use Disorders Chronological List. To be considered for a regional or national award, this file must be uploaded.

Choose File No file chosen

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.

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#### 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, move to the next section.

Total Number of Operation Diabetes Events \*

Total Number of Hours Planning Operation Diabetes Events \*

Total Number of Hours Conducting Operation Diabetes Events \*

Total Number of Individuals Screened for Blood Glucose or A1C Level \*

Total Number of Individuals Screened for ADA Risk Assessment \*

**Total Number of Individuals Screened for Other Risk Factors \***

**If other criteria included, please describe the screening.**

**Total Number of Individuals Referred to Primary Care Provider \***

**Total Number of Individuals Who Received Health & Wellness / Clinical Services \***

**Total Number of Individuals Who Received Health & Wellness / Clinical Services and education \***

Please share the total number of individuals reached through public relations (mass media) initiatives in each of these areas:

**Total number of television media impressions. \***

**Total number of radio media impressions. \***

**Total number of website/social media impressions. \***

**Total number of print media impressions. \***

**Total number of billboard media impressions. \***

**Total number of other media impressions. \***

**If "Other" media used, please describe.**

**Total Number of APhA-ASP Member Participants \***

**Total Number of non-APhA-ASP Member Participants \***

**Total Number of Faculty and Staff Participants \***

**Total Number of Pharmacists (non-faculty) Participants \***

**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

Please upload a copy of your Operation Diabetes Chronological List. To be considered for a regional or national APhA-ASP Operation Diabetes Award, this file must be uploaded.

Choose File No file chosen

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

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#### 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, move to the next section.

Total Number of Operation Heart Events \*

Total Number of Hours Planning Operation Heart Events \*

Total Number of Hours Conducting Operation Heart Events \*

Total Number of Individuals Screened for Body Mass Index \*

Total Number of Individuals Screened for Hyperlipidemia \*

**Total Number of Individuals Screened for Hypertension \***

**Total Number of Individuals Screened for Tobacco Cessation \***

**Total Number of Individuals Screened for CVD Risk Factors \***

**Total Number of Individuals Screened for Other Risk Factors \***

**If other criteria included, please describe the screening.**

**Total Number of Individuals Referred to Primary Care Provider \***

**Total Number of Individuals Who Received Health & Wellness / Clinical Services \***

**Total Number of Individuals Who Received Health & Wellness / Clinical Services for Nutrition and Lifestyle \***

**Total Number of Individuals Who Received Health & Wellness / Clinical Services for Hyperlipidemia \***

**Total Number of Individuals Who Received Health & Wellness / Clinical Services for Hypertension \***

**Total Number of Individuals Who Received Health & Wellness / Clinical Services for Tobacco Cessation \***

**Total Number of Individuals Who Received Health & Wellness / Clinical Services for Other CVD Information \***

If "other" education provide, please describe.

Please share the total number of individuals reached through public relations (mass media) initiatives in each of these areas:

Total number of television media impressions. \*

Total number of radio media impressions. \*

Total number of website/social media impressions. \*

Total number of print media impressions. \*

Total number of billboard media impressions. \*

Total number of other media impressions. \*

If "Other" media used, please describe.

Total Number of APhA-ASP Member Participants \*

Total Number of non-APhA-ASP Member Participants \*

Total Number of Faculty and Staff Participants \*

Total Number of Pharmacists (non-faculty) Participants \*

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

0/250 words

**Give 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

**Please upload a copy of your Operation Heart Chronological List. To be considered for a regional or national APhA-ASP Operation Heart Award, this file must be uploaded.**

Choose File

No file chosen

**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, move to the next section.

Total Number of Operation Immunization Events \*

Total Number of Hours Planning Operation Immunization Events \*

Total Number of Hours Conducting Operation Immunization Events \*

Total Number of Flu Shot Clinics \*

Total Number of Non-vaccine Education Events (e.g. immunization record review, presentations, etc.) \*

Total Number of Patients Immunized for Influenza \* (?)

Total Number of Patients Immunized for Pneumococcus \* (?)

Total Number of Patients Immunized for HPV \* (?)

Total Number of Patients Immunized for Other (shingles, Tdap, etc.) \* (?)



If other provided, please describe.

Total Number of Individuals Referred to Primary Care Provider \*

Total Number of Individuals Who Received Health & Wellness / Clinical Services for HPV \*

Total Number of Individuals Who Received Health & Wellness / Clinical Services for Influenza \*

Total Number of Individuals Who Received Health & Wellness / Clinical Services for Pneumococcus \*

Total Number of Individuals Who Received Health & Wellness / Clinical Services for Travel Health Vaccines \*

Total Number of Individuals Who Received Health & Wellness / Clinical Services for Other Vaccines \*

If other provided, please describe.

Please share the total number of individuals reached through public relations (mass media) initiatives in each of these areas:

Total number of television media impressions. \*

Total number of radio media impressions. \*

Total number of website/social media impressions. \*

Total number of print media impressions. \*

Total number of billboard media impressions. \*

Total number of other media impressions. \*

If "Other" media used, please describe.

Total Number of APhA-ASP Member Participants \*

Total Number of non-APhA-ASP Member Participants \*

Total Number of Faculty and Staff Participants \*

Total Number of Pharmacists (non-faculty) Participants \*

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

Please upload a copy of your Operation Immunization Chronological List. To be considered for a regional or national APhA-ASP Operation Immunization Award, this file must be uploaded.

Choose File No file chosen

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

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#### 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, move to the next section.

Total Number of OTC Medicine Safety Events \*

Total Number of Hours Planning OTC Medicine Safety Events \*

Total Number of Hours Conducting OTC Medicine Safety Events \*

Total Number of Individuals Educated \*

Total Number of 5th through 8th Grade Students Educated \*

Total Number of Parents and Caregivers of 5th through 8th Grade Students Educated \*

Total Number of Coaches and Educators of 5th through 8th Grade Students Educated \*

Total Number of Other Individuals Educated \*

If other individuals educated, please describe.

Total Number of Individuals Referred to Primary Care Provider \*

Please share the total number of individuals reached through public relations (mass media) initiatives in each of these areas:

Total number of television media impressions. \*

Total number of radio media impressions. \*

Total number of website/social media impressions. \*

Total number of print media impressions. \*

Total number of billboard media impressions. \*

Total number of other media impressions. \*

If "Other" media used, please describe.

Total Number of APhA-ASP Member Participants \*

Total Number of non-APhA-ASP Member Participants \*

Total Number of Faculty and Staff Participants \*

Total Number of Pharmacists (non-faculty) Participants \*

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. To be considered for a regional or national APhA-ASP OTC Medicine Safety Award, this field must be completed.

0/1000 words

Please upload a copy of your OTC Medicine Safety Chronological List. To be considered for a regional or national APhA-ASP OTC Medicine Safety award this file must be uploaded.

Choose File No file chosen

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.

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# WOMEN'S HEALTH

APhA Academy of Student Pharmacists

## Section 4: APhA-ASP Patient Care Activities - Women's Health Campaign

Please complete the following information regarding your APhA-ASP Women's Health Campaign. If you do not see any questions below, please return to the beginning of Section 4 and select "Women's Health Campaign" in the first question. If your chapter did not participate in Women's Health Campaign, move to the next section.

Total Number of Women's Health Activities/Events Conducted. \*

Total Number of Hours Planning Women's Health Campaign Events \*

Total Number of Hours Conducting Women's Health Campaign Events \*

Please share the total number of women's health activities/events related to each of the following areas:

Cancer Prevention \*

Cardiovascular Health \*

HPV Vaccine \*

Hormonal Contraceptives \*

Osteoporosis Prevention \*

Pregnancy Wellness \*

Reproductive Health \*

Other \*

If "Other" events were conducted, please describe.

Please share the total number of individuals educated in each of the following areas of women's health:

Cancer Prevention \*

Cardiovascular Health \*

HPV Vaccine \*

Hormonal Contraceptives \*

Osteoporosis Prevention \*

Pregnancy Wellness \*

Reproductive Health \*

Other \*

If "Other" events were conducted, please describe.

Please share the total number of individuals reached through public relations (mass media) initiatives in each of these areas:

Total number of television media impressions. \*

Total number of radio media impressions. \*

Total number of website/social media impressions. \*

Total number of print media impressions. \*

Total number of billboard media impressions. \*

Total number of other media impressions. \*

If "Other" media used, please describe.

Please share the total number of participants involved with the Women's Health Campaign:

APhA-ASP Member Participants \*

APhA-ASP Non-Member Participants \*



**Faculty and Staff Participants \***

**Pharmacists (non-faculty) Participants \***

**Describe the most innovative event or component of your Women's Health Campaign. \***

0/250 words

**Give one example of how participation in the Women's Health 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 a Women's Health Campaign event, and describe how that community member benefited from your Women's Health Campaign. \***

0/250 words

**Please describe your chapter's implementation, innovation, involvement, and impact for all Women's Health Campaign activities. To be considered for recognition of your APhA-ASP Women's Health Campaign, this field must be completed.**

0/1000 words

Please upload a copy of your Women's Health Campaign Chronological List. To be considered for recognition of your APhA-ASP Women's Health Campaign, this file must be uploaded.

Choose File No file chosen

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

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## Section 6: APhA-ASP Professionalism Activities

Provide the total number of professionalism events conducted by the APhA-ASP Chapter. \*

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

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. \*

0/250 words

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

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

0/300 words

**Please describe your chapter's implementation, innovation, involvement, and impact for other professionalism activities. \***

0/1000 words

**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 6: APhA-ASP Chapter Professionalism Activities**

## Section 7: 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

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 7: APhA-ASP Chapter IPSF Activities**

## Section 8: APhA-ASP Optional Award Reports

Our APhA-ASP will be submitting a report for \*

- ☐ APhA-ASP Most Improved

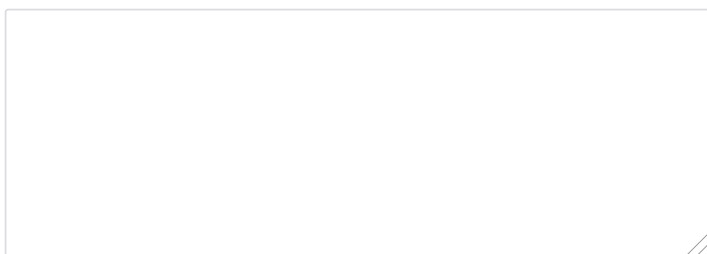
☐ APhA-ASP Innovative Programming

☐ No additional awards

## Section 8: APhA-ASP Most Improved Report (Optional)

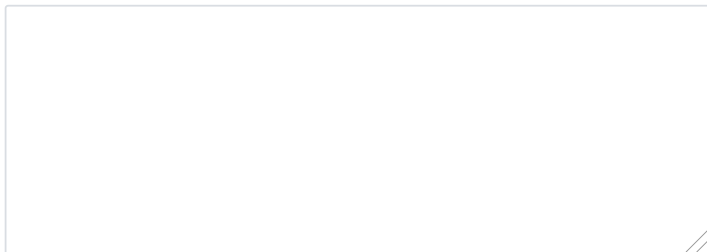
Please complete the following information regarding your APhA-ASP Most Improved report. If you do not see any questions below, please return to the beginning of Section 7 and select "Most Improved" in the first question. If your chapter is not submitting a report, move to the next section.

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 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.



## Section 8: APhA-ASP Innovative Programming Report (Optional)

Please complete the following information regarding your APhA-ASP Innovative Programming report. If you do not see any questions below, please return to the beginning of Section 7 and select "Innovative Programming" in the first question. If your chapter is not submitting a report, move to the next section.

Innovative Programming reports should describe a single activity or a project based on a central theme. In your report, include how your chapter's innovative program demonstrated the following:

1. Innovation: how your activities were creative or unique for chapter members and the community.
2. Collaboration: how your chapter partnered with members of the community or profession.
3. Involvement: how your members were involved and engaged in the implementation of your activities including promotional strategies (internal and external).
4. Impact: how your activities affected your chapter, community, and the profession of pharmacy.

The program discussed in your report may include, but is not limited to, innovative activities in the areas of patient care (excluding Operation Immunization, Operation Diabetes, Operation Heart, OTC Medicine Safety, Operation Substance Use Disorders and Women's Health) and community outreach, American Pharmacists Month, fundraisers, membership recruitment, member engagement, policy and advocacy, etc.

Describe an innovative program uniquely coordinated and implemented by your chapter. \*

0/1000 words

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

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## Section 9: APhA-ASP Chapter Advisor Confirmation

This section should only be completed by the APhA-ASP Chapter Advisor.

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 \*

clear

**Thank you for completing the 2020-2021 APhA-ASP Chapter Achievement Report!**

Close

