



ASSOCIATION OF BLACK HEALTH-SYSTEM PHARMACISTS
2910 Kerry Forest Parkway, Suite D4-393 · Tallahassee, FL 32309 · (888) 894-4255

Dear Colleague:

Thank you for accepting to participate in ABHP's nomination process. Please take a moment to carefully complete the attached Biographical Form answering all sections which may apply in a concise manner. Return the completed form to designated address by **April 20th**, along with a brief a biographical description of yourself of no more than 150 words. If slated, the biographical description will be distributed with the ballots in **August**. The results of the election should be known by **October 1st** .

Thank you once again for your interest in participation at this level and please keep in mind that being considered for an elected office is an honor unto itself. Regardless of the outcome of the nomination and election process, I hope that you will continue to actively serve in ABHP and remember that WE ALL share the responsibility of ensuring the continued success of OUR organization and the practice of pharmacy. Best wishes and good luck for your continued success.

Sincerely,

Chair, Committee on Nominations

Vice-Chair, Committee on Nominations

Return form by email to: abhp@myabhp.org or FAX 850-512-1821

Elected Office Being Considered: <i>Please Check One or more offices</i>	
<input type="checkbox"/> President-elect	<input type="checkbox"/> Board of Director
<input type="checkbox"/> Secretary	
<input type="checkbox"/> Treasurer	

Association of Black Health-system Pharmacists

Committee on Nominations

Name:

Address:

Home:

Business:

Telephone:

Home:

Business:

FAX:

Mobile:

Email:

I have read and understand the responsibilities and commitments of the office I seek and if elected, I agree to fulfill these obligations to the best of my ability and support the bylaws of the ABHP. (please check box)

Signature

Date

General Instructions: Please complete all sections which apply in a concise manner, listing all entries in reverse chronology (most recent first). Remember that your responses to this survey tool will be utilized by the Nominations Committee in the selection of the final slate of nominees for elected ABHP office.

Employment History/Academic Appointments *(in past 10 years)*

Please describe current employment position and responsibilities:

Education and Training (*list degree or certificate and granting institution only*):

Employment/Academic / Other Committee Involvement (*list roles, titles, e.g. member chair, etc*):

ABHP Activities to Date:

Other Professional/Academic Activities: (*State, local, national, etc.*)

Additional Information:

Honors, Awards, Organizational Memberships (e.g., American Heart Association, etc.:

Community Service Activities:

Publications/Presentations/Research: (list references, citations)

To gain valuable insight into each candidate's qualifications, please provide concise responses to the following questions:

1. (a): What issues have you identified as being most critical to the ABHP membership?

2. Cite examples of the significant programmatic contributions you have made through other organizations? through your involvement to date in ABHP?

3. Briefly describe in the space provided what qualifies you for this nomination and what specific qualities do you cite? *(Note: the intent of this question is to obtain an overall synopsis of why you would be a good candidate for the elected office you are seeking)*

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