



Advisory Board Nomination Form



Membership of the CAPP Advisory Board will be comprised of 15 pharmacy professionals from diverse practices representing a wide range of interest and viewpoints. Members will be appointed by the Dean of the College. The purpose of the advisory board is to assist and advise the director in the planning, implementation and operational aspects of the center and to advise on the coordination and prioritization of activities to meet the Centers’ goals and objectives.

Expectations of CAPP Advisory Board Members:

- 1) meet periodically to provide direction and input to the director
- 2) conceive and create ways for the Center to interact with the pharmacy community for the advancement of pharmacy practice
- 3) formulate and participate on committees when needed
- 4) participate in center activities and events
- 5) serve as ambassadors for the Center’s goals and objectives within the pharmacy community

Contact Information

NAME: _____

Home Address: Street _____

City/State/Zipcode _____

Daytime Phone (_____) _____

Email address: _____

Current Position/Employer: _____

Employer address: _____

Professional Affiliations

Briefly describe your interest in CAPP and why you wish to participate in the Advisory Board
(in 200 words or less)

Briefly describe why you believe you would be a valuable member of the Advisory Board
(200 words or less)

If this is not a self-nomination, please provide the contact information of the nominator:

Name: _____

Position: _____

Phone Number: _____

Email: _____

Please submit a full resume or CV along with the nomination form. Nominations may be sent to:

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