

# Desire to Serve Form

Become involved in your profession by applying for a leadership position with CPhA, or nominating a colleague that CPhA should consider for volunteer service. Please complete the following information for yourself or for the person you are nominating.

## Personal Information

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Year of Graduation \_\_\_\_\_ Degree Received \_\_\_\_\_  
School Name \_\_\_\_\_ Job Title \_\_\_\_\_

I am a:  
 Pharmacist  
 Pharmacy Technician  
 Student Pharmacist

Please list your top five leadership strengths (preferably your Strength-Finder strengths):

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

**I am interested in submitting my name or nominating my colleague as a candidate for the following position(s) and/or committee(s):**

## CPhA Board of Trustees

*All Board of Trustee positions are elected positions. Elections take place each year.*

### Board of Trustees

- At-large Trustee (3-year term)
- Student Trustee (1-year term)

### Executive Committee

- President (3-year commitment as President-Elect, President, Immediate Past President)
- Treasurer (2-year term)

## CPhA Committees

*All committee positions are appointed by the President and ratified by the Board of Trustees each year.*

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|---|--|
| <input type="checkbox"/> Audit Committee (3-year term)              | <input type="checkbox"/> Elections Committee (3-year term)   |
| <input type="checkbox"/> Awards Committee (3-year term)             | <input type="checkbox"/> Insurance Committee (3-year term)   |
| <input type="checkbox"/> Editorial Review Committee (3-year term)   | <input type="checkbox"/> Legislative Committee (3-year term) |
| <input type="checkbox"/> Education Advisory Committee (2-year term) | <input type="checkbox"/> Investment Committee (3-year term)  |

## House of Delegates

*The APhA Delegate, NCPA Delegate, and Speaker positions are elected during the annual House of Delegates session. The committee positions are appointed by the President and ratified by the Board of Trustees each year.*

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|---|---|
| <input type="checkbox"/> APhA Delegate (2-year term)        | <input type="checkbox"/> Reference Committee (1-year term)                          |
| <input type="checkbox"/> NCPA Delegate (3-year term)        | <input type="checkbox"/> Speaker (2-year commitment as Speaker-Elect, then Speaker) |
| <input type="checkbox"/> Nominating Committee (1-year term) | <input type="checkbox"/> Policy Committee (2-year term)                             |

## Special Interest Groups (SIG)

*All Special Interest Group positions are elected positions. Elections take place each year. Each Chair position is a 3-year commitment, serving as Chair-Elect, Chair, and Past Chair.*

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|---|--|
| <input type="checkbox"/> Ambulatory Care SIG Chair      | <input type="checkbox"/> Long Term Care SIG Chair      |
| <input type="checkbox"/> Community Pharmacy SIG Chair   | <input type="checkbox"/> Managed Care SIG Chair        |
| <input type="checkbox"/> Compounding Pharmacy SIG Chair | <input type="checkbox"/> Pharmacy Ownership SIG Chair  |
| <input type="checkbox"/> Inpatient Care SIG Chair       | <input type="checkbox"/> Pharmacy Technician SIG Chair |

*(continued on the back)*

## Additional Information

Please describe your CPhA or other pharmacy association activities within the past 5-10 years.  
(i.e. 2014 CPhA Delegate, 2012 CPhA Regional Trustee, CSHP Board Member, etc.)

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Please include a short biography. (limit to 200 words)

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What skills, strengths, and values would you bring to CPhA to make you successful in this position?

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What experience do you have that you feel would help CPhA meet the goals in its strategic plan?

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In which areas do you think you can contribute most to this position?

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## How Do I Submit?

Please mail your form to CPhA in one of the following ways:

**Mail:**  
California Pharmacists Association  
4030 Lennane Drive  
Sacramento, CA 95834

**Fax:** (916) 779-1401

**Email:** [membership@cpha.com](mailto:membership@cpha.com)

If you have any questions, please email Sheila Johnston: [sjohnston@cpha.com](mailto:sjohnston@cpha.com)

*Thank you for your willingness to serve the California Pharmacists Association and the profession of pharmacy!*