****

**KCHP FELLOW RECOGNITION PROGRAM APPLICATION**

**INTRODUCTION**

Awarding Fellowship in KCHP is one means by which KCHP fosters and rewards demonstrated excellence in health system pharmacy practice. Successful candidates for Fellow status will have made a sustained contribution to KCHP and will have demonstrated a high level of excellence in pharmacy practice.

To be eligible for consideration, an applicant must be a current practitioner member of KCHP (pharmacist or pharmacy technician) and have sustained membership in KCHP for at least seven years, have a record of outstanding service to the profession through active involvement in KCHP, and at least seven years of professional experience and achievements in health system pharmacy practice. For the purposes of this program, the seven-year period starts from the time of licensure (pharmacist or technician) and includes the residency period. It must be met prior to the application deadline of Friday, March 1st.

**INSTRUCTIONS**

Please complete the application in its entirety. The purpose of this application is to establish an objective basis whereby applicants can be evaluated based on the Fellow criteria. Each application is reviewed by members of the FKCHP Recognition Committee, which recommends to the Board of Directors whether an applicant should be awarded Fellow status.

The FKCHP Recognition Committee will base its recommendations on the information supplied in this application. Additional information such as samples of published work, etc. will not be considered. The applicant’s Curriculum Vitae (CV) may be used as a reference document for selected sections of the application and to assist with the Committee’s overall assessment of the applicant’s qualifications for Fellow of KCHP; however, only information contained within the application will be considered. To be successful, the applicant must take the time to thoroughly and thoughtfully complete this application. An incomplete application or insufficient references may serve as a basis for denial of an application.

Successful applicants demonstrate accomplishments and activities that exceed routine job requirements and reflect a sustained degree of commitment to health system pharmacy practice and contribution to KCHP. It is essential to review the FKCHP Application Guidelines document as it will be used by the Committee in completing its review. The criteria are provided so applicants will be fully aware of the guidelines used in selecting Fellows. Potential applicants are strongly encouraged to perform a self-assessment to determine whether or not to proceed with the application process.

In addition to the FKCHP Recognition Program Application, a complete submission will include the following:

1. **Curriculum Vitae**
2. **Exhibit A –** A brief description (200 words or less) of your education, current position and achievements in pharmacy practice. This will be used in announcing and publicizing each of the Fellow recipients.
3. **Exhibit B –** A formal-type high-resolution color portrait photograph. Please submit an electronic copy, preferably in jpg or bmp format.
4. **Recommendations –** Recommendations from three (3) colleagues (i.e., practitioners, administrators or academicians) who can attest to your achievement of the Fellow criteria.

**All application materials listed above must be received no later than February 15th.** Please submit all application materials to [kchppharmacy@gmail.com](mailto:kchppharmacy@gmail.com).

Additionally, all application materials should be saved using the following nomenclature: **LastName\_FirstName\_ItemType** (e.g., Smith\_John\_Application, Doe\_Jane\_CV).

# If you have any questions, please contact a member of KCHP Board of DirectorsFKCHP Recognition Program Application

All materials should be completed by the candidate and submitted no later than February 15th.

**Applicant Information:**

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Middle Initial** |
|  |  |  |

|  |  |
| --- | --- |
| **Years of membership to KCHP** | **Date of initial KCHP membership** |
|  |  |

1. **EDUCATON:**

|  |  |  |
| --- | --- | --- |
| **College or University** | **Dates of Attendance** | **Degree/Major** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **POST GRADUATE TRAINING: *Residencies, fellowships, certifications, etc.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Post Graduate Training** | **Institution** | **Program Director/Preceptor** | **Dates of Participation** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **PROFESSIONAL EXPERIENCE:**

*See minimum eligibility requirements. List experience record in reverse chronologic order*

|  |  |  |
| --- | --- | --- |
| **Position Title** | **Institution** | **Dates** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. ***Please enter a concise, detailed personal statement which addresses your contributions to health system pharmacy practice and why you believe that a level of excellence has been achieved. Your statement should focus on innovations that improved practice and should explain the impact of this work on the state level. Suggested maximum length is 500 words****.*

|  |
| --- |
|  |

1. **PUBLICATIONS:** *(peer reviewed publications, including scientific or professional papers, contributions to textbooks, and including local publications). List no more than fifteen (15)*

|  |  |  |
| --- | --- | --- |
| **Title/Citation** | **Publication Source** | **Date (month/year)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **POSTERS:** *List your most recent posters presented in reverse chronological order. List no more than fifteen (15)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Audience** | **Location** | **Date (month/year)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **COMMITMENT TO EDUCATION**: *Presentations to healthcare practitioners at national, regional or state conferences in reverse chronological order. List no more than fifteen (15)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Audience** | **Location** | **Date (month/year)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. ***Please enter a concise, but detailed statement which demonstrates your involvement and commitment to educating practitioners and others through additional activities, such as precepting students or residents, mentoring staff, educating healthcare professionals and/or educating the public.* *Suggested maximum length is 500 words.***

|  |
| --- |
|  |

1. **CONTRIBUTIONS TO KCHP**

|  |  |
| --- | --- |
| **Activity/Service** | **Dates Served** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. ***Please enter a concise, but detailed statement which demonstrates your record of outstanding service to KCHP.* *Your statement should focus on how your volunteer service has impacted KCHP and/or the profession. Suggested maximum length is 500 words.***

|  |
| --- |
|  |

1. **RECOMMENDATIONS:** *Please note that current students, residents, members of the KCHP Board of Directors or the KCHP Nominations Committee are NOT eligible to submit recommendations.*

Applications must include recommendations from at least three (3) different colleagues (i.e. practitioners, administrators, or academicians). These individuals should submit a Recommendation Letter attesting to your achievement of the Fellow criteria. Letters of recommendation may either be submitted along with your application materials or via email to kchppharmacy@gmail.com.