

NCPA STUDENT REGIONAL COUNCIL

Application Form (also found at [www. Ncpanet.org](http://www.Ncpanet.org)): TYPE OR PRINT CLEARLY.
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

NAME OF STUDENT: _____

PRESENT ADDRESS: _____

E-MAIL _____ TELEPHONE NUMBER: (____) _____

PERMANENT ADDRESS: _____

_____ TELEPHONE NUMBER: (____) _____

NCPA STUDENT MEMBERSHIP NUMBER: _____ EXPIRATION: _____

WHICH ACCREDITED U.S. SCHOOL/COLLEGE OF PHARMACY DO YOU ATTEND?

WHICH OF THE FOLLOWING POSITION(S) DO YOU HOLD WITHIN YOUR NCPA STUDENT CHAPTER?

- | | |
|---|---|
| <input type="checkbox"/> President | <input type="checkbox"/> President-Elect |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Committee Chair |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Past Chapter President |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Other _____ |

PLEASE RANK FROM 1-10 STEERING COMMITTEE BY INTEREST (1 BEING THE MOST INTERESTED):

- | | |
|--------------------------|--|
| _____ Communications | _____ Third Party Payment Program |
| _____ Multiple Locations | _____ Patient-Focused Pharmacist Care |
| _____ Long-Term Care | _____ Technology |
| _____ Management | _____ National Legislation and Gov't Affairs |
| _____ Home Health Care | _____ Compounding |

THIS FORM MUST BE COMPLETED AND ACCOMPANIED BY THE FOLLOWING:

- A letter of intent describing your career goals
- One official copy of pharmacy school transcripts (must have a minimum GPA of 2.0 on a 4.0 point scale)
- Resume/CV denoting accomplishments with the chapter, school, and state
- Provide two letters of recommendation from a current NCPA member (preferably a pharmacy owner) and a pharmacy school official endorsing your interest and ability to effectively participate in this dynamic environment

ALL MATERIALS MUST BE POSTMARKED BY: November 30, 2009

Email studentaffairs@ncpanet.org for information