



Young Pharmacist Survey

Dear Pharmacist: NCPA is very interested in your career in community pharmacy & how membership in the NCPA Student Chapter has helped you on your path to pharmacy ownership. Please respond to this survey and regard it as an invitation to the "Young Pharmacists Focus Group" at the NCPA 108th Annual Convention & Trade Exposition, October 7-11, 2006. Send back a completed survey and attend the focus group you will receive a discounted convention registration fee along with a free night stay at the Venetian Casino (first 30 surveys).

Personal

Name _____ Phone _____

E-mail (preferred) _____

Work

Place of Employment _____ Job Title _____

Work Address _____ Work Phone _____

Education

Pharmacy School _____ Graduation Date _____

1. Student Membership

a. Were you an NCPA Student Member? Y _____ N _____

b. What was your leadership role (if any) in your Student Chapter?

2. Are you a member of NCPA now? Y _____ N _____

3. Have student loans or other financial burdens, due to Pharmacy School tuition, affected/determined the type of practice you are currently in? If yes why?

Yes

No

Why? _____

4. Interest in Ownership

a. Were you interested in pharmacy ownership as a student?

Very Interested

Indifferent

Interested

Not Interested

b. Are you still interested in pharmacy ownership at present?

Very Interested

Indifferent

Interested

Not Interested

5. Do you plan to pursue Independent Pharmacy and Ownership in your career? Y _____ N _____

6. Tell us about your future plans - do you want to practice (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Compounding Pharmacy | <input type="checkbox"/> Retail (Chain) |
| <input type="checkbox"/> Home Health Care | <input type="checkbox"/> Long-Term Care |
| <input type="checkbox"/> Retail (Independent) | <input type="checkbox"/> Ownership/Administration |

Other _____

7. What characteristics of independent ownership are most important to you?

8. What are the largest challenges facing young pharmacists today?

9. Rank the following pharmacy concerns in order from 1-6 (one being most important).

Financial Stability _____	Speed and Volume of Prescription Processing _____
Flexibility of Practice _____	Business Affairs / Management _____
Patient Care / Counseling _____	Front-End / OTC _____

10. Are you an active leader in your community?

- Yes
 No
 If yes, please describe? _____

11. Has community involvement affected your pharmacy practice negatively or positively? (Circle one)

Negatively Positively No Change Not Applicable

12. Are you interested in an NCPA Junior Partner Database that matches aspiring owners with current owners?
Y___ N___

13. May we contact you with follow-up information about Junior Partnerships or Membership opportunities?
Y___ N___

Thank you for taking the time to complete the survey!
Please fax a completed survey to Charles Hartig at NCPA at 703-683-3619 or...
Mail a completed survey to 100 Daingerfield Rd. Alexandria, VA 22314
The Survey Deadline is September 8th, 2006