

**Alberta College of Pharmacy
Council Committee Candidate
Biographical Sketch**

Name of Candidate _____

Registration Information

Years of practice as a pharmacist: _____ Years registered with ACP: _____

Jurisdictions you are registered in:

Practice Information

Current place(s) of employment:

Employment history (past 5 years):

I confirm that to my knowledge: (please check to confirm)

_____ there have been no findings of unprofessional conduct or proprietary misconduct against me;
and

_____ there have been no matters referred to the Complaints Director or a Hearing Tribunal in
relation to my conduct that are still outstanding.

If you can not provide the above confirmation, please provide a brief statement below about the
finding or referral, which will be published instead of the above statement.

Describe your pharmacy practice interests:

Identify any advanced practice designations that you have achieved through a nationally or provincially recognized certification/accreditation program(s):

Awards and Recognition

Identify any awards or recognitions that you have received as a result of achievement of leadership within the profession or within your community:

Leadership

Identify leadership roles that you have held within the profession or within your community, including your responsibilities and the terms of your appointment:

Role of the College

Describe the role and mandate of the Alberta College of Pharmacy, from your perspective:

Goals and Objectives

What are your personal goals and objectives, as a committee member, if selected?

Qualities

Describe the qualities about yourself that would make you an ideal committee member: