



2019-2020 Research Advisory Council Appointment Application

Applications for appointments to the ASHP Foundation Research Advisory Council are currently being accepted for the 2019–2020 term. **The deadline for application is September 10, 2019.**

The ASHP Foundation Board of Directors appoints members of the ASHP Foundation Research Advisory Council. In making appointments, the ASHP Foundation Board takes into consideration personal qualifications, geographic distribution, and engagement in ASHP and other healthcare associations. ASHP Foundation is interested in having Council members that will help achieve a balance of perspectives and diversity.

To be considered for appointment, each submission must include the following required items:

REQUIRED

- Completion of the online Application Form:

http://ashp.az1.qualtrics.com/jfe/form/SV_eg5QIXbRqpfZYsB

- Curriculum Vitae or Biosketch (upload in survey)

OPTIONAL

- Letter(s) of recommendation/support from an employer/colleague (upload in survey)

If you have any questions, please contact the ASHP Foundation at foundation@ashp.org or Barbara B. Nussbaum at bnussbaum@ashp.org.

ASHP Foundation Research Advisory Council Charter

The ASHP Foundation Research Advisory Council (RAC) shall advise the ASHP Foundation (Foundation) Board of Directors (Board) in its review and oversight of the Foundation's programmatic work in research and developing researchers.

Organization

The RAC will consist of a Board liaison, Foundation staff, and external members approved by the Board. The RAC shall meet quarterly. The RAC shall maintain minutes of all meetings, which will be distributed to the Board, in advance of the next regularly scheduled Board meeting. The Board liaison will report to the Board at every meeting, either to bring proposals and recommendations for Board consideration and/or for regular education of the Board regarding research programs.

External members will be appointed by the Board. Considerations for selection include: pharmacist members will be current ASHP members in good standing (maintained throughout the term) with widely recognized excellence in practice and experience in research. Depending upon the anticipated work of the RAC, the Board may appoint non-pharmacist members, such as physicians, nurses or patient advocacy representatives. Members will serve a one-year term with the potential for two renewals. They are expected to attend and actively contribute to the RAC's work. The RAC will have a Chair who is appointed by the Chair of the Foundation Board to serve a one-year term with the potential for one renewal.

Roles and Responsibilities

Chair

- Jointly, with Foundation staff, formulates meeting agendas.
Conducts all RAC meetings and conference calls.

All Members

- Attend all RAC conference calls and approve minutes of all meetings.
- Recommend areas for research and evaluation that align with the Foundation mission and are at the forefront of the national healthcare agenda.
- Provide guidance on policies and procedures for research supported or conducted by the Foundation that align with current best practices for ethical health services research. This includes providing feedback and guidance on the purpose of grants, research questions, funding levels, design and methods, timeline of request for proposals and award period, eligibility criteria and reporting requirements.
- Provide guidance to evaluate and enhance the outcomes and impact of Foundation's research programs.
- Provide input to assess member needs related to developing researchers and supporting research.
- Help to identify research funding and partnership opportunities.

Application Questions

1. Please enter the following information exactly as it should appear in official communications, if you are appointed.
 - First Name, Middle Initial, Last Name, Degrees/Credentials
2. Contact Information
 - Business Address, Business Name, Job Title, Street, City, State, Zip
 - Please enter your preferred email address
 - ASHP Member ID # (pharmacist members of the Council must have an active ASHP membership):
 - State Represented:

3. Which of the following best describes your present career focus?
(Check only one)

- Administrative
- Ambulatory care
- Clinical / Practice
- Consulting
- Faculty / Academic
- Home Health / Infusion
- Industry / Vendor
- Inpatient Pharmacy
- Outpatient Pharmacy
- Pharmacy Benefit Administration (PBM)
- Pharmacy Informatics
- Pharmacy Management / Leadership
- Pharmacy Technician
- Research
- Specialty Pharmacy
- Other, please specify:

4. What is your experience with research? Select all that apply for what you are currently doing or have done in the past 10 years.

- Serve on a committee that develops a research agenda
- Serve on an institutional review board
- Serve on a committee that approves quality improvement projects
- Mentoring/precepting research projects
- Precepting resident and/or student longitudinal projects
- Member of a research team
- Reviewer for another organization's grant program
- Reviewer for an ASHP Foundation grant and/or award program
- Other, please specify:

5. Please briefly describe current position and responsibilities

6. Please list offices held in other state and/or national healthcare organizations: *(include the Organization Name, Office(s) Held, and Dates)*

7. Please list prior ASHP and ASHP Foundation involvement in panels, councils, commissions, sections, forums etc.: *(include the Activity/Involvement and Dates)*

NOTE: Disclosure for Relevant Financial Relationships

Thank you for seeking an appointment to an ASHP Foundation Research Advisory Council. In an effort to proactively identify potential conflicts of interest, we are asking all applicants to complete the following questions. If there is information needing further clarification, ASHP Foundation staff will contact you prior to the appointment process.

To see the full document regarding Conflict of Interest for the ASHP Foundation, please click on the link below:

[ASHP Foundation Council COI Disclosure Principles and Processes-Final.pdf](#)

8. Are you considering or are you in an elected or appointed leadership position of ASHP, ASHP Foundation, or another professional pharmacy organization? (Please include if you are also being considered to run for office in one of the above organizations and list office.) *(Responses must include the organization, office, and dates of service or intended service.)*
9. List any health-related board, advisory panel, regulatory body, office, committee or programs which you have participated in during the past 12 months and/or in which you intend to participate in the future. *(Responses must include the entity, position, and dates of service or intended service.)*
10. List any compensation you have received for contract services, health-related publications, or products, including ASHP publications/products in the past 12 months and/or which you anticipate in the future.
11. List any grants received during the past 12 months, including name of granting entity and purpose and/or scope of grant.
12. List the sources for scholarships, awards, gifts, honoraria, monies or other benefits, which exceed \$10,000 or ten percent of your gross annual income, received during the past 12 months from activities, services, retainers or consultancies (include the name of the paying entity, and a description of your service) that might give rise to a conflict of interest with ASHP Foundation.
13. Describe, to the best of your knowledge, any financial interest which exceeds ten percent of your gross annual income or a ten percent equity interest, or other significant interest of yourself or an immediate family relative, such as a spouse, child, or parent, in any outside activity or entity which does substantial business with or is in direct competition with ASHP Foundation.
14. Describe, to the best of your knowledge, any other transactions or actions in the past 12 months in which you or an immediate family member has a personal interest or in which you competed, directly or indirectly, with the interests of ASHP Foundation.

To be considered for appointment you are required to upload your Curriculum Vitae or Biosketch.

15. Please upload curriculum vitae or biosketch (*Required*)

16. Please upload Letter of Recommendation (*Optional*)

17. Please upload Letter of Recommendation (*Optional*)