

KENTUCKY PHARMACISTS ASSOCIATION, INC.

1228 U.S. 127 SOUTH – FRANKFORT, KENTUCKY 40601
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Memorandum

To:

- Richard Slone, Board Chair, Kentucky Pharmacists Association
- Christine Holtman, President, Kentucky Society of Health Systems Pharmacists
- Dwaine Green, Executive Vice President, Kentucky Society of Health Systems Pharmacists
- Bob Bunting, Chair, KPhA Academy of Consultant Pharmacists
- Ralph Bouvette, Executive Vice President, APSC
- Kenny Sanders, Vice President, APCI
- Jonathan Van Lahr, EPIC Board Member
- Dr. Patrick McNamara, Interim Dean, University of Kentucky College of Pharmacy
- Dr. Hieu Tran, Dean, Sullivan University College of Pharmacy

From: Jessika Chinn, RPh., President, Kentucky Pharmacists Association

Re: KPhA's nomination process for appointment to the Kentucky Board of Pharmacy

Date: February 1, 2010

Under Kentucky law, the Kentucky Pharmacists Association (KPhA) has the responsibility of submitting five (5) candidates to the Governor of the Commonwealth of Kentucky to take under advisement as he makes appointments to the Kentucky Board of Pharmacy. KPhA has developed a process to ensure that candidates submitted meet the minimum qualifications set in statute. Additionally, the process will help identify candidates from various backgrounds who bring a broad and comprehensive understanding of pharmacy practice that is required to govern the profession. For 2011 there will be one (1) open board seat.

In order to be successful, this process requires your assistance. Attached to this memo you will find a packet that explains the process and can be used by your organization to solicit candidates. This process has been developed and reviewed by the KPhA Professional Affairs Committee and was approved by the KPhA House of Delegates in 2007. This process will be used to select a slate of candidates to submit to the governor for appointments made in 2011.

As your organization reviews candidates for submission, please consider their skill sets and experience as they relate to the task at hand – governing the profession of pharmacy as a whole for the protection of the public. Candidate selection by each organization should be based upon their qualifications to fulfill that charge and not necessarily on his or her current practice setting or organization affiliation. We appreciate your help in improving this process and look forward to working with you to find capable and qualified pharmacists to serve on the Board of Pharmacy.

If you have any questions please feel free to contact Brad Hall, KPhA Executive Director, (502) 227.2303 or e-mail bradhall@kphanet.org.

***additional sheets may be used to answer questions if needed.

**Kentucky Pharmacists Association's
Process for Selecting Candidates reviewed by the Governor of Kentucky
for appointment to the Kentucky Board of Pharmacy**

Process:

- 1) KPhA Professional Affairs Committee will solicit candidates from the following list:
 - a. Academia (UK and Sullivan)
 - b. Cooperatives/Groups (e.g. APSC, APCI, EPIC)
 - c. KSHP
 - d. Academy of Consultants
 - e. KPhA Board of Directors
 - f. Self Nominations
- 2) The organizations must have their candidates complete and return:
 - a. Demographics Form
 - b. Completed Questionnaire
 - c. Candidates must be willing to accept a call from the KPhA Professional Affairs committee member to solicit additional input to narrow candidate selection in the event that more than five (5) candidates are deemed equal based upon their applications.
- 3) Once all material has been completed and returned, the KPhA Professional Affairs Committee will begin to review.
- 4) Once a slate of five (5) candidates is decided on, the Professional Affairs Committee Chair shall make the recommendation to the KPhA Board of Directors.
- 5) The KPhA Board of Directors shall take the slate to the KPhA House of Delegates and present for final concurrence.
- 6) Once a slate of candidates is affirmed by the House of Delegates, the KPhA Executive Director will submit the slate to the Governor of Kentucky.
- 7) Calendar of events:
 - a. February 1 KPhA will send out solicitation notices
 - b. March 1 KPhA will follow up to selected organizations regarding candidates
 - c. April 1 Candidate application materials must be in to KPhA Office
 - d. May 1 Professional Affairs Committee will submit a recommended slate of candidates to the KPhA Board of Directors.

***Additional sheets may be used to answer questions if needed

KPhA Demographics Form for KY Board of Pharmacy Application Process.
 Return with complete packet.

Your Name (Last, First, Middle) Mr. Ms. Mrs.		*County	*Congressional District
Home Address	City	State	Zip
Date of Birth		*Party Affiliation: Dem. Rep. Ind. (Underline one)	Race
Your Occupation	Business Phone Number & Fax Number		Residence Phone Number
Email address			Mobile Number
Current Employer	Business Address		
Spouse's Name	Spouse's Employer		

EDUCATION AND GENERAL QUALIFICATIONS:

Level	Name of School	No. Years Attended	Did you Graduate	Major Course(s) of Study
High School				
College/Other				
Memberships in Organizations. Also Indicate Current Positions With Political Party or Organization. Indicate Any Public Office Currently Held.				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE INDICATE CHARGE, DATE AND PLACE.

REFERENCES (List two persons not related to you, whom you have known for at least one year)

Name	Address	Phone Number	Years Acquainted

*Necessary for certain boards to comply with state law in regard to balance
 CURRENT RESUME MAY ALSO BE SENT

DATE: _____ SIGNATURE: _____

Do NOT send to KY State Police



Send with your KY Board of Pharmacy Application back to KPHA*



REQUEST FOR CONVICTION RECORDS - EMPLOYMENT/PROFESSIONAL LICENSE

Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

Agency/Organization Name and Address _____

ACKNOWLEDGMENT BY APPLICANT

I am requesting that the Kentucky State Police provide the above named agency/organization with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
 First Middle Last Maiden

ADDRESS: _____
 Street City State Zip

SEX: _____ RACE: _____ DATE OF BIRTH: _____ SOC SEC NO: _____

Signature Date Witness Date

INSTRUCTIONS:

Requesting agencies/organizations should ensure that all application information is completed.

Requesting agencies/organizations should forward a check or money order made payable to the Kentucky State Treasurer in the amount of \$20.00 for each submitted form. Requests should be accompanied by two, self-addressed stamped envelopes - one bearing the name and address of the requesting agency/organization and the other bearing the name and address of the applicant.

The Kentucky State Police will charge a \$25.00 fee on each returned check.

RETURN THIS FORM TO:
Kentucky State Police
Criminal Identifications and Records Branch
Criminal Records Dissemination Section
1250 Louisville Road
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>