Alberta College of Pharmacy

ALBERTA COLLEGE OF PHARMACY
Application to be Considered for Nomination to Council (2023)
Pharmacists in Voting District 3 (Edmonton) or District 5 (Calgary)

Declaration of Eligibility

Name of Applicant _____ Registration Number _____

Residential Address of Applicant _____

Place of Practice (Name and Address) _____

I have reviewed Appendix A to this application, and based on my residential address and in accordance with the bylaws of the Alberta College of Pharmacy, am eligible to be considered for nomination and election in: (check one)

❑ Pharmacist - District 3 (Edmonton) – two (2) year term
❑ Pharmacist - District 5 (Calgary) – three (3) year term

I have reviewed Appendix B to this application and declare that I comply with the criteria in section 22, subsection 2 and 3 of the bylaws that establish my eligibility to be nominated and to run for election to council.

_____ _____ _____
Printed Name of Applicant Signature of Applicant Date (mm/dd/yyyy)

Supporting Voting Members

The following two pharmacists are registered with the Alberta College of Pharmacy and are eligible to vote for a pharmacist in this district. Their signatures indicate that to the best of their knowledge I am eligible to be nominated and run for election in this district, and that they support your application.

Name	Registration Number	Mailing Address	Place of Practice and Address	Signature

References

Please provide 3 references that the Nominating Committee may contact in writing, in-person or through any other means facilitated by technology. References must be registered with the Alberta College of Pharmacy and be practicing in Alberta. They may be a pharmacist or a pharmacy technician.

Name	Registration Number	Relationship to You	Years Known	Address	Telephone Number	Email address

I consent to the Nominating Committee contacting any of the following three (3) references, each of whom is a regulated member (pharmacist or pharmacy technician) practicing in Alberta.

_____ _____ _____
Printed Name of Applicant Signature of Applicant Date (mm/dd/yyyy)

Questions

Please provide answers to the following questions. Your answer in each case must be limited to 200 words or less.

1. What is your understanding of the role of the Alberta College of Pharmacy and more specifically, the council? What is outside of the scope of each the college and the council?

2. Describe why you wish to be a council member, and if elected, what do you wish to achieve?

3. Describe why you would be a good candidate a council member, and what unique skills or experience you have that may add value to the council a whole?

Undertaking

I hereby agree that if I am nominated for election, that I will conduct myself in a professional and ethical manner throughout the election process, consistent with any guidelines established by the college.

_____	_____	_____
Printed Name of Applicant	Signature of Applicant	Date (mm/dd/yyyy)

PLEASE EMAIL THE COMPLETED NOMINATION FORM TO:

The Registrar
Alberta College of Pharmacy
1100, 8215-112 Street, NW
Edmonton, AB T6G 2C8
Email: leslie.ainslie@abpharmacy.ca

Completed nomination forms must be received by the Registrar PRIOR TO 4:30 pm, March 17, 2023.