

ALBERTA COLLEGE OF PHARMACY Application to be Considered for Nomination to Council (2025) Pharmacists in Voting District 4 (central Alberta)

Declaration of I	Eligibility					
Name of Applica	ant		Registration Number			
Residential Add	ress of Applicant					_
Place of Practice	e (Name and Ado	dress)				_
			nd based on my <u>re</u> e considered for no		ss and in accordan election in:	ce with the b
	•	District 4 (ce	entral Alberta) - Ph	armacist		
			d declare that I co ninated and to run		iteria in section 22 council.	, subsection
Printed Name of Applicant			Signature of Applicant		Date (mm/	/dd/yyyy)
Supporting Vot	ing Mamhars					
election in this d	istrict, and that the Registr	hor	application. ing Address	Place of Pr and Addi		Signature
facilitated by tec	hnology. Refere		gistered with the A		g, in-person or thro of Pharmacy and b	
Name	Registration Number	Relationship to You	Years Known	Address	Telephone Number	Email address
	Number	to rou			Number	audress
						_
			ng any of the follo cticing in Alberta.	wing three (3) r	eferences, each o	f whom is a
Printed Name of Applicant		Sigr	nature of Applicant		Date (mm/dd/yyyy)	

Questions	
Please provide	e answers to the following questions. Your answer in each case must be limited to 200 words or less.
	hat is your understanding of the role of the Alberta College of Pharmacy and more specifically, the council? hat is outside of the scope of each the college and the council?
2. D	escribe why you wish to be a council member, and if elected, what do you wish to achieve?
	escribe why you would be a good candidate a council member, and what unique skills or experience you ave that may add value to the council a whole?
Undertaking	
	e that if I am nominated for election, that I will conduct myself in a professional and ethical manner throughou ocess, consistent with any guidelines established by the college.

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

Printed Name of Applicant

Email: leslie.ainslie@abpharmacy.ca

Completed nomination forms must be received by the Registrar PRIOR TO 4:30 pm, March 17, 2025.