



2026

**Fellowship
Application**

AzPA Fellowship Application: Companion Guide

This guide will help you complete the Arizona Pharmacy Association (AzPA) Fellowship Application for 2026. Follow these steps to ensure a successful submission.

Eligibility Check

Before starting your application, confirm that you meet the following criteria:

- Current AzPA pharmacist or technician member with at least 8 years of membership (minimum 4 consecutive years).
- Served as an elected or appointed Committee Chair, Co-Chair, Incoming Chair, or Board Member (AzPA, APF, PNA).
- Participated in Legislative/Advocacy, Mentorship, and Scholarly activities. Participation in Professional Service and Civic Involvement are optional to demonstrate extra service to the organization, the pharmacy profession, and the greater Arizona community.

Additional Guidance

- Fellowship applicants must earn at least 20 points in order to be considered by the AzPA Fellowship Committee. Attaining the minimum points does not automatically confer approval for fellowship status.
- Applicants are encouraged to self-evaluate using the scoring sheet to ensure, that in their opinion, they have sufficient points for fellowship. However, the Fellowship Selection Committee will make the final determination of the actual number of points to be awarded for each category on the application.
- Candidates who are unsuccessful in seeking fellowship may resubmit their application. There is no limit to the number of times a person may apply for fellowship.
- Submit a current CV.
- Submission of letters of recommendation are optional.
- Email your CV and supplemental documents to *admin@azpharmacy.org*.
- Applications must be submitted by **February 27, 2026**.
- Fellowship inductions take place once a year at the AzPA Annual Convention.

Application Sections

Applicant Information

- Provide accurate personal and professional details.
- Include all relevant professional credentials.
Examples: Degrees (PharmD), Certifications (BCPS), Recognition such as Fellowship Status in Professional Organization (FCCP)

Leadership Experience (not scored)

- Indicate your AzPA membership duration.
- Specify committees you've chaired or co-chaired with each year in each role.
- List board positions held in AzPA, APF, or PNA.
- Provide years of service for each role.
Examples: AzPA Director-At-Large – 2015-2017; APF President – 2020; AzPA Treasurer 2022

Professional Service (participation in these activities are optional and are not required to meet minimum fellowship requirements, candidates will not be disqualified if they do not have any participation in this area, 7 points max)

- Indicate if you've served as an AzPA delegate to ASHP or APhA.
- List any SIG(e.g. ASHP, Technician, etc.) leadership roles, including the specific SIG and years of service.

Legislative/Advocacy Activity (Required Participation, 12 points max)

- Select all applicable activities from the provided list.
- For each activity, list the years of participation.
- Provide name of legislative bill or issue, name of legislators, and other legislative/advocacy events if relevant
- Calculate points: 1 point per activity, 0.5 points per year (5 points max for years).

Mentorship Activity (Required Participation, 11 points max)

- Choose all relevant mentoring activities.
- Provide years of participation for each activity.
- Provide name of conference, presentation title, newsletter article title, documents, and AzPA events if relevant
- Calculate points: 1 point per activity, 0.5 points per year (5 points max for years).

Scholarly Activity (Required Participation, 15 points max)

- Select all scholarly activities you've engaged in.
- List years of participation for each activity.
- Provide name of conference, presentation title, poster title, campus name, certificate program name, article name, and grant name if relevant
- Calculate points: 1 point per activity, 0.5 points per year (5 points max for years).

Civic Involvement (Optional, not scored but given additional consideration)

- List any civic or professional service activities supporting pharmacy or Arizona communities with year participated.
Examples: Leadership and/or membership in civic organizations (Boy Scouts/Scouting America Troop Leader, Girl Scouts Troop Leader, Kiwanis Club, Chamber of Commerce); military and emergency response- affiliated organizations (American Legion, Medical Reserve Corps), religious, faith-based organizations, non-profits and charities (Maggie's Place, Neighborhood Ministries), Community Volunteer Events (Pat Tillman Run, American Heart Association Heart Walk, World AIDS Day Walk
- This list not exhaustive. The above examples are only suggestive of types of activities to list, but can include more.

Additional Contributions (Optional, not scored but given additional consideration)

Highlight any other significant contributions to AzPA not covered in previous sections with year participated.

- Examples: AzPA Membership Drive Volunteer, AzPA-ASP Chapter Advisor

To be eligible for consideration, an applicant must meet all the following:

- 1) Be a current pharmacist or technician member of AzPA and have sustained membership for at least eight years (must have minimum of 4 consecutive years of membership).
- 2) Served as an elected or appointed Committee Chair, Co-Chair, Incoming Chair or Board Member (AzPA, APF, PNA).
- 3) Have participated in AzPA Professional Service, Legislative/Advocacy, Mentorship, and Scholarly activities. (Applicants must have demonstrated participation in **each** category except Civic Involvement. Documentation of civic engagement is optional.)

In addition to filling out this application please email your CV (required) and any other supplemental information (optional) such as letters of recommendation to AzPA at admin@azpharmacy.org.

Applications are due by February 27, 2026.

Applicant Information

1. First Name Sarah
2. Last Name Jones
3. Email sarah.jones@email.com
4. Phone (222) 222- 2222
5. Address1 123 Golden Ave.
6. Address2
7. City Hometown
8. State AZ
9. Zip Code 12345
10. Professional Credentials PharmD, MPH, BCPS

11. I have sustained a minimum of 8 years with at least 4 consecutive years as a pharmacist or technician member of AzPA *

YES

12. I have served as Committee Chair, Incoming Chair, or Co-Chair of an AzPA Committee and/or served on the Board of Directors of AzPA or its affiliates APF or PNA? *

YES

13. If applicable , for which committee(s) did you serve as Chair, Incoming Chair, or Co-Chair? *

- Education
- Legislative Affairs
- Marketing
- Membership
- Mentor Connection
- Social Media
- PharmPAC
- BPS
- SSRC
- N/A

14. Which entity did you serve as a director or other elected or appointed leadership position (e.g. Secretary, Treasurer)?*

- Board of Directors-AzPA
- Board of Directors-APF
- Board of Directors-PNA
- N/A

1. How many cumulative years did you serve in each capacity?

5 years

Professional Service (1 point for each activity selected, up to a maximum of 2 points)

2. Have you served as an AzPA delegate to ASHP or APhA?*

YES-1 point

NO- 0 points

3. Have you served as a SIG Leader?

YES-1 point

NO- 0 points

4. If yes, how many cumulative years have you participated in these activities? (0.5 points per year for each activity, up to a maximum of 5 points)

2 Years

5. Total Points Professional Service Activity: 4.5

Legislative/Advocacy Activity (1 point for each activity selected, up to a maximum of 7 points)

6. Please select the following legislative and advocacy activities that you have participated in:

- Legislative Committee Member
- AzPA Pharmacy Day at the Capitol (PDAC)
- Provide Testimony at Legislative Hearings
- Provide direct education to legislators on behalf of AzPA
- AzPA Representative to Stakeholder Meetings
- Official meeting with state legislators on behalf of AzPA outside of PDAC
- Shape policy in alignment with goals of profession and/or priorities of the association

7. How many cumulative years have you participated in these activities? (0.5 points per year for each activity, up to a maximum of 5 points)

6 Years

8. Total Legislative/Advocacy Activity: 15

Mentorship Activity (1 point for each activity selected, up to a maximum of 5 points)

9. Please select the following mentoring activities that you have participated in:

- Mentor Connection Program Mentor

- Mentor Connection Program Committee Member
- Mentor Connection Program Newsletter Contributor
- Mentor Connection Program Presenter
- Student Mentor sessions at AzPA events (e.g. PDAC, poster presentations, conference presentations)
- Revised/Developed Committee Governing Documents

10. How many cumulative years have you participated in these activities? (0.5 points per year for each activity, up to a maximum of 5 points)

7 Years

11. Total Mentorship Activity: _____ 9 _____

Scholarly Activity(1 point for each activity selected, up to a maximum of 10 points)

12. Please select the following scholarly activities you have participated in:

- Poster Judge
- Conference Moderator
- Conference Presenter
- Campus Visit Presenter
- Poster Presenter
- Certificate Program Faculty
- Certificate Program Developer
- Article contributor to Arizona Pharmacy Journal
- Article or Poster Peer Reviewer
- Grant writing/contributions on behalf of AzPA

13. How many cumulative years have you participated in these activities? (0.5 points per year for each activity, up to a maximum of 5 points)

3 Years

Total Scholarly Activity: _____ 11 _____

Civic Involvement (Optional)

14. Please list any participation in civic or professional service activities that support the profession of pharmacy or Arizona communities (e.g. charity organizations, military reserves, religious activities, etc.)

Girl Scout Troop #319 Leader – 2020-2024

Medical Reserve Corps – 2018-2024

American Health Association Heart Walk Coordinator – 2023

15. Please list any additional contributions you have made to AzPA that you feel the selection committee should consider.

2023 – Membership Drive Participant

To be eligible for consideration, an applicant must meet all the following:

- 1) Be a current pharmacist or technician member of AzPA and have sustained membership for at least eight years (must have minimum of 4 consecutive years of membership).
- 2) Served as an elected or appointed Committee Chair, Co-Chair, Incoming Chair or Board Member (AzPA, APF, PNA).
- 3) Have participated in Legislative/Advocacy, Mentorship, and Scholarly activities. Participation in Professional Service and Civic Involvement are optional to demonstrate extra service to the organization, the pharmacy profession, and the greater Arizona community.

In addition to filling out this application please email your CV (required) and any other supplemental information (optional) such as letters of recommendation to AzPA at admin@azpharmacy.org.

Applications are due by February 27, 2026.

Applicant Information

1. First Name
2. Last Name
3. Email
4. Phone
5. Address1
6. Address2
7. City
8. State
9. Zip Code
10. Professional Credentials
11. I have sustained a minimum of 8 years with at least 4 consecutive years as a pharmacist or technician member of AzPA *
12. I have served as Committee Chair, Incoming Chair, or Co-Chair of an AzPA Committee and/or served on the Board of Directors of AzPA or its affiliates APF or PNA? *

13. If applicable, for which committee(s) did you serve as Chair, Incoming Chair, or Co-Chair? *

Education

Legislative Affairs

Marketing

Membership

Mentor Connection

Social Media

PharmPAC

BPS

SSRC

N/A

14. Which entity did you serve as a director or other elected or appointed leadership position (e.g. Secretary, Treasurer)?*

Board of Directors-AzPA

Board of Directors-APF

Board of Directors-PNA

N/A

15. How many cumulative years did you serve in each capacity?

Professional Service (1 point for each activity selected, up to a maximum of 2 points)

16. Have you served as an AzPA delegate to ASHP or APhA?*

17. Have you served as a SIG Leader?

18. If yes, how many cumulative years have you participated in these activities? (0.5 points per year for each activity, up to a maximum of 5 points)

19. Total Points Professional Service Activity:_____

Legislative/Advocacy Activity (1 point for each activity selected, up to a maximum of 7 points)

20. Please select the following legislative and advocacy activities that you have participated in:

Legislative Committee Member

AzPA Pharmacy Day at the Capitol (PDAC)

Provide Testimony at Legislative Hearings

Provide direct education to legislators on behalf of AzPA

AzPA Representative to Stakeholder Meetings

Official meeting with state legislators on behalf of AzPA outside of PDAC

Shape policy in alignment with goals of profession and/or priorities of the association

21. How many cumulative years have you participated in these activities? (0.5 points per year for each activity, up to a maximum of 5 points)

22. Total Legislative/Advocacy Activity: _____

Mentorship Activity(1 point for each activity selected, up to a maximum of 5 points)

23. Please select the following mentoring activities that you have participated in:

Mentor Connection Program Mentor

Mentor Connection Program Committee Member

Mentor Connection Program Newsletter Contributor

Mentor Connection Program Presenter

Student Mentor sessions at AzPA events (e.g. PDAC, poster presentations, conference presentations)

Revised/Developed Committee Governing Documents

24. How many cumulative years have you participated in these activities? (0.5 points per year for each activity, up to a maximum of 5 points)

25. Total Mentorship Activity: _____

Scholarly Activity(1 point for each activity selected, up to a maximum of 10 points)

26. Please select the following scholarly activities you have participated in:

Poster Judge

Conference Moderator

Conference Presenter

Campus Visit Presenter

Poster Presenter

Certificate Program Faculty

Certificate Program Developer

Article contributor to Arizona Pharmacy Journal

Article or Poster Peer Reviewer

Grant writing/contributions on behalf of AzPA

27. How many cumulative years have you participated in these activities?
(0.5 points per year for each activity, up to a maximum of 5 points)

28. Total Scholarly Activity: _____

Civic Involvement (Optional)

29. Please list any participation in civic or professional service activities that support the profession of pharmacy or Arizona communities (e.g. charity organizations, military reserves, religious activities, etc.)

30. Please list any additional contributions you have made to AzPA that you feel the selection committee should consider.