

Investigational drugs:

Protocol writing	Y/N
Investigational Review Board (IRB) process	Y/N

Teaching experience: Y/N

Courses taught: (please indicate whether the courses were clinical or didactic).

Drug information systems:

Manual reference use	Y/N
Micromedex	Y/N
Drug Files	Y/N
Computer literature searches	Y/N

B. Future Development

1. Area(s) of specific interest; check no more than 5 areas (please rank in order of preference, 1 being your highest preference, 5 being the lowest)

<input type="checkbox"/> ambulatory care	<input type="checkbox"/> immunology/rheumatology
<input type="checkbox"/> cardiology	<input type="checkbox"/> infectious diseases
<input type="checkbox"/> critical care medicine	<input type="checkbox"/> internal medicine
<input type="checkbox"/> diabetes	<input type="checkbox"/> neurology
<input type="checkbox"/> drug information	<input type="checkbox"/> nutritional support
<input type="checkbox"/> gastrointestinal diseases	<input type="checkbox"/> hematology/oncology
<input type="checkbox"/> geriatrics	<input type="checkbox"/> pediatrics
<input type="checkbox"/> investigational drugs	<input type="checkbox"/> pharmacokinetics
<input type="checkbox"/> pharmacy administration	<input type="checkbox"/> surgical intensive care
<input type="checkbox"/> solid organ transplant	<input type="checkbox"/> bone marrow transplant
<input type="checkbox"/> renal medicine	<input type="checkbox"/> other _____
<input type="checkbox"/> pain management	

Areas within pharmacy administration/management that would interest you:
(check all that apply)

<input type="checkbox"/> communication skills	<input type="checkbox"/> computers
<input type="checkbox"/> inventory management	<input type="checkbox"/> personnel management
<input type="checkbox"/> finance/reimbursement	<input type="checkbox"/> systems planning
<input type="checkbox"/> other: _____	

C. Professional Activities

1. State of licensure (if applicable):
2. Organization membership (please circle all that apply):

ASHP
NISHP
AphA
ICCP

ACCP
ICHP
SAPhA
other: _____

Please describe the activity that you were involved with in the aforementioned organization(s):

3. Have you attended a state or national pharmacy society meeting? Y/N
4. Have you presented a paper at a state or national meeting or written an article for a publication? Y/N
3. Have you served on a board of a state or national pharmacy society? Y/N

D. Future Development

1. What are your long-term career goals (e.g. where do you see yourself in 5 years?)

2. Please describe the best job you ever had and why you perceived it to be the best.

E. Personal Interests

1. What types of hobbies/activities do you enjoy in your spare time?

2. Is there any information we should know that may not be contained in your application/curriculum vitae?