



Teaching experience:

Y/N

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

**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/recruitment |
| <input type="checkbox"/> finance/reimbursement | <input type="checkbox"/> systems planning                 |
| <input type="checkbox"/> other: _____          |   |

**C. Professional Activities**

1. State of licensure (if applicable):
2. Professional organization membership:

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

