

Desire to Serve
the International Academy of Compounding Pharmacists



The IACP invites you to become involved in the future of compounding pharmacy by applying for a volunteer position in one or more committees. Please complete the following information for yourself or for a person you are nominating that IACP should consider for volunteer service.

Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: (_____) _____ Fax: (_____) _____

Cell Phone: (_____) _____ Email: _____

I am a:

- _____ Pharmacist
- _____ New Practitioner (Year of graduation _____)
- _____ Pharmacy Technician (Year of certification, registration or start date as a technician _____)
- _____ Student Pharmacist (Year of graduation _____)
- _____ Other: _____

I am nominating:

- _____ Myself
- _____ Other _____
(Name of Nominee)

IACP Committees:

- _____ Legislative
- _____ Communications
- _____ Fundraising
- _____ Education
- _____ Fellowship
- _____ Membership
- _____ Reimburseent & Insurance
- _____ Other

If nominating another colleague, please provide their contact information:

Email: _____

Phone: (_____) _____

Please list your top five leadership strengths or top five of the person you are nominating.

- 1.
- 2.
- 3.
- 4.
- 5.

Please list your top five interests and hobbies or top five of the person you are nominating.

- 1.
- 2.
- 3.
- 4.
- 5.

Return the completed form to Jennifer Petska at iacpinfo@iacprx.org