

**Fellow of the**

**Academy of Managed Care Pharmacy**

**(FAMCP)**

**Application Packet**

**Application Packets Due: Dec 6, 2022**

**Return to:**

**Betty Whitaker**

**AMCP**

**675 N. Washington Street, Suite 220**

**Alexandria, VA 22314**

**bwhitaker@amcp.org**

**Overview of the Fellow of the Academy of Managed Care Pharmacy (FAMCP)**

**DESCRIPTION:**

The AMCP Fellow Program is established for the benefit of all AMCP members and is intended to serve the following purposes: 1) To grant recognition for exceptional contributions to the Academy of Managed Care Pharmacy, long-term commitment, and active participation; 2) To recognize sustained excellence in managed care pharmacy; and, 3) To promote awareness throughout the medical community of pharmacists who have distinguished themselves in the profession of managed care pharmacy.

**CRITERIA:**

The candidate must have

* Been an Active (formerly Pharmacist or Health Care Practitioner Member) member of AMCP for eight years and demonstrated sustained service to the organization.
* Be a member in good standing.
* Served as a Committee Chair, AMCP Elected officer for one completed term, or as a committee member on two or more committees for a minimum of five years.
* Presented at an AMCP program/webinar or an AMCP national conference as an invited or accepted speaker in a platform presentation, round table discussion, poster presentation, or partnership briefing. Note: Speaking at a Satellite Symposium will not be considered.

During their term in office, members of the FAMCP Selection Committee or the Board of Directors are not eligible to apply for Fellow status.

**NOMINATION PROCESS:**

Candidates must submit their CV and complete the Fellow application, which demonstrates their service to the profession and AMCP. Three references that attest to the candidate's contributions to AMCP and the practice of the managed care pharmacy profession are required. Candidates also have the option of submitting a 500-word essay.

It is permissible for an individual to submit an application on behalf of a colleague.

**SELECTION PROCESS:**

The recipient(s) are selected by the FAMCP Selection Committee comprised of one AMCP Board member and six AMCP Fellow recipients.

In the event the FAMCP Selection Committee fails to grant Fellow status to a candidate, the individual may appeal the decision of the Committee to an Appeal Board on the grounds that the decision of the Committee was arbitrary, prejudiced, biased, or capricious. Candidates must notify the Vice President, Membership & Meetings in writing and clearly state on what grounds the appeal is being made based on the data in the application. The applicant may not introduce new facts or expand the application before the Appeal Board hearing.

Upon receiving and acknowledging an appeal, an Appeal Board will be formed with the approval of the Officers of the AMCP Board of Directors. The Appeal Board shall consist of one member of the AMCP Board of Directors and two current Fellows, neither of who were on the original FAMCP Selection Committee. One Fellow shall be named by the applicant and one by the AMCP President. Members of the Appeal board will decide on the appeal within 90 days of the appeal. The decision of the Appeal Board shall be final and binding on both the appellant and AMCP.

**NATURE OF AWARD:**

The Fellow of the Academy of Managed Care Pharmacy (FAMCP) will be conferred on approved candidates at the AMCP Annual Meeting. Fellows receive a plaque, a FAMCP pin and can use FAMCP as a credential as long as they are an AMCP member in good standing.

**FAMCP Application Points Requirements/Distribution**

**Category I – Service and Commitment to AMCP**

1. JMCP 15 points
2. AMCP Educational Programs 15 points
3. AMCP Membership Activities 10 points
4. AMCP Leadership Activities 15 points

 Maximum Points Allowed: 35 points

**Category II – Service to Pharmacy Profession**

1. Publications
2. Educational Programs
	1. Presentations at National or State Pharmacy Programs
	2. Presentations to the public on Managed Care Pharmacy Issues (limited to 5 points max)
	3. Presentations to schools/student groups (limited to 5 points max)
3. Teaching Appointments
4. Leadership & Recognition Activities

 Maximum Points Allowed: 35 points

**Total Points Need to Qualify: 60 points**

 **AMCP FELLOW APPLICATION**

**(Please type or print all information.)**

|  |  |
| --- | --- |
| Name: | AMCP Member ID#:  |
| Home Address: |
| Home City: | State: | Zip:  |
| Home Phone: |
| Business Address: |
| Business City | State: | Zip: |
| Business Phone: |
| Preferred Email: |

Please send fellow correspondence to my: \_\_\_\_ Home \_\_\_\_ Business

AMCP Member Since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enclosed are:**

1. Application Form
2. Copy of the Candidate's CV that includes education and professional experience background
3. A list of three references, including name and contact information
4. A 500 word written statement of accomplishments and/or other information that you were not able to reflect in any other part of this application (Optional).

**Note: Incomplete applications, applications that do not include the above materials, applications that are not clearly outlined per the instructions will not be considered beyond the grace period of a 1-week adjustment allowed to the candidate.**

**I understand the Nomination Process and submit this application to AMCP's Fellow Selection Committee for consideration for Fellow of the Academy of Managed Care Pharmacy**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Submit application materials to AMCP by **Dec 6, 2022**

**Betty Whitaker, VP Membership & Meetings; AMCP Fellow Program**

**Academy of Managed Care Pharmacy; 675 N. Washington Street, Suite 220**

**Alexandria, VA 22314**

**bwhitaker@amcp.org**

**Category I: Service and Commitment to AMCP**

*Candidate must have sustained service to AMCP demonstrated through leadership activities, JMCP or textbook publications, presentations at AMCP national meetings, and membership development activities.*

**A. *Journal of Managed Care & Specialty Pharmacy (JMCP)***

***Instructions:*** *Do not attach actual articles, links or make reference to your CV. Information is subject to verification by AMCP; therefore, you must include complete citations.* *To add additional lines to each table, please place your cursor in the table's last cell and press the tab key.*

1. **Research Articles** you have authored and published in the *Journal of Managed Care & Specialty Pharmacy (JMCP)***.** These include original research, research briefs, and systematic reviews. *(Scoring: 3 points per JMCP Research Article)*

|  |  |  |
| --- | --- | --- |
| Comparative Research Article Title | Issue Date | Page Numbers |
|  |  |  |
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1. **Non-Research Articles** you have authored and published in the *Journal of Managed Care & Specialty Pharmacy (JMCP)*.These include viewpoints, letters to the editor, best practices, supplements, and AMCP meeting proceedings. *(Scoring: 2 points per JMCP Feature Article)*

|  |  |  |
| --- | --- | --- |
| Feature Article Title | Issue Date | Page Numbers |
|  |  |  |
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1. **Continuing Education Articles** you have authored and have published in the *Journal of Managed Care & Specialty Pharmacy (JMCP)*. *(Scoring: 2 points per JMCP CE article)*

|  |  |  |
| --- | --- | --- |
| Continuing Education Article Title | Issue Date | Page Numbers |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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**NOTE: Do not attach actual publications or make reference to your CV. You must complete the information above and add additional rows as needed.**

**Maximum Points Allowed for**

***JMCP* = 15**

**B. AMCP Educational Programs**

***Instructions:*** *Do not attach actual presentation materials or abstracts or make reference to your CV. Information is subject to verification by AMCP; therefore, you must include complete citations. List your presentations in reverse chronological order. To add additional lines to each table, please place your cursor in the table's last cell and press the tab key.*

Please note, presentations to AMCP Affiliates and Associates are recognized in Section II – Service to the Pharmacy Profession. This section is only the AMCP Annual Meeting, Educational Conference/AMCP Nexus, webinars, or other programs developed by AMCP.

1. **Platform Presentations** that you have given as an invited speaker of AMCP at the AMCP Annual Meeting or Educational Conference/Nexus.*(Scoring: 2 points per AMCP Platform Presentation)*

|  |  |
| --- | --- |
| Presentation Title | AMCP Meeting and Year |
|  |  |
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1. **Poster Presentations** that you have given at the AMCP Annual Meeting or Educational Conference/AMCP Nexus. *(Scoring: 1 point per AMCP Poster Presentation)*

|  |  |
| --- | --- |
| Poster Presentation Title | AMCP Meeting and Year |
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1. **AMCP Sponsored Webinars** that you have participated in as a speaker. Note: These do not include sponsored webinars.*(Scoring: 2 points per webinar)*

|  |  |
| --- | --- |
| Webinar Title | Month and Year |
|  |  |
|  |  |
|  |  |

1. **Round Table Discussions** that you have participated in as a speaker at the AMCP Annual Meeting or Educational Conference/AMCP Nexus.*(Scoring: 1 point per AMCP Round Table)*

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| --- | --- |
| Round Table Discussion Title | AMCP Meeting and Year |
|  |  |
|  |  |
|  |  |

1. **Partnership Briefings/Forums** that you have participated in as a speaker.*(Scoring: 1 point per AMCP Partnership Briefing)*

|  |  |
| --- | --- |
| Partnership Forum Title | Month and Year |
|  |  |
|  |  |
|  |  |

1. **Platform Presentations** that you have given at non-AMCP national programs officially on behalf of AMCP. *(Scoring: 2 points per presentation as an official representative of AMCP)*

|  |  |  |  |
| --- | --- | --- | --- |
| Presentation Title | Meeting Name | Meeting Sponsor | Date |
|  |  |  |  |
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1. **Other AMCP sponsored education/presentations** that you have given on behalf of AMCP. For example, online CE programs. *(Scoring: 1 point per presentation/event)*

|  |  |  |
| --- | --- | --- |
| Other Sponsored Education/Presentations Title | Delivery Method (ie: online program) | Date |
|  |  |  |
|  |  |  |
|  |  |  |

**Maximum Points Allowed**

**for AMCP Educational Programs = 15**

**C. AMCP Membership Activities**

Instructions: Complete the following table.

|  |  |
| --- | --- |
| **Activity** | **Years Served** |
| Diplomat |  |
| Chapter Advisor |  |
| State Advocacy Leaders |  |
| JMCP Peer Reviewer |  |
| AMCP/FMCP Poster Judge |  |
| AMCP Foundation National P&T Judge |  |

**Definitions:**

**Diplomat** – AMCP members that have volunteered to serve as the contact point on behalf of AMCP for key faculty members at schools of pharmacy. (*Scoring: 1 point per year)*

**Chapter Advisors** – Faculty who act as the official Advisors for AMCP Chapters. (*Scoring: 1 point per year)*

**State Advocacy Leaders** – Members who are appointed to monitor legislation and coordinate members in their state to take action when appropriate. *(Scoring: 1 point per year)*

**JMCP Peer Reviewers** – Members who act as JMCP Peer Reviewers. (*Scoring: 1 point per year)*

**Poster Judge** – Individuals who serve as a poster judge at the AMCP Educational Conference/AMCP Nexus or Annual Meeting. *(Scoring: ½ point per meeting)*

**P&T Judge** – Individuals who serve as a judge for the AMCP Foundation P&T National Competition. *(Scoring: 1 point per year)*

**Maximum Points Allowed**

**For Membership Development = 10**

**D. AMCP Leadership Activities** **(Part I)**

**Instructions**: A list of AMCP Committees can be found at [www.amcp.org/committee](http://www.amcp.org/committee). The JMCP Editorial Advisory Board is considered an AMCP Governing Committee.

Please include committees/positions that you have held/hold. Within each position or activity heading, list in reverse chronological order. To add additional lines to each table, please place your cursor in the table's last cell and press the tab key.

1. **AMCP/BBCIC/AMCP Foundation committees that you have served as a Committee Member**. Do not include years where you were a Committee Chair or Vice-Chair. *(Scoring: 1 point per year as a committee member)*

|  |  |
| --- | --- |
| **Committee Name** | **Years Served** |
|  |  |
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1. **AMCP/BBCIC/AMCP Foundation committees that you have served as Chairperson**. (*Scoring: 3 points for each year as Chairperson)*

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| --- | --- |
| **Committee Name where served as Chairperson** | **Years Served** |
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1. **AMCP/BBCIC/AMCP Foundation committees that you have served as Vice-Chairperson**. *(Scoring: 2 points for each year as a Vice-Chairperson)*

|  |  |
| --- | --- |
| **Committee Name where served as Vice-Chairperson** | **Years Served** |
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1. **AMCP Affiliate Boards** where you served as an elected or appointed board member for an official AMCP Affiliate. (Scoring: 2 points for each year as President, 1 point for each year for all other positions)

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| --- | --- |
| **AMCP Affiliate and Roll** | **Years Served** |
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1. **AMCP/BBCIC/AMCP Foundation Special Task Forces or Advisory Councils you have served on as either Chairperson or Member**. Special Task Forces are defined as ones that meet multiple times and/or have a work product. (*Scoring: 1 point per year as a member or chair)*

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| --- | --- |
| **Committee Name** | **Years Served** |
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1. **Non-AMCP Task Forces, committees, councils, etc. that you have served officially on behalf of AMCP** *(Scoring: 2 points per year as an official AMCP representative to a non-AMCP group)*

|  |  |  |
| --- | --- | --- |
| **Name** | **Hosting Organization** | **Years Served** |
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1. **Occasions when you have given testimony at congressional or state hearings on behalf of AMCP or have served as AMCP representative at other government agency events or meetings.** (FDA, Department of Health and Human Service, etc.) *(Scoring: 3 points per event)*

|  |  |  |
| --- | --- | --- |
| **Agency Name** | **Topic** | **Date** |
|  |  |  |
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1. **Awards or official recognitions that you have received from AMCP/AMCP Foundation**. *(Scoring: 2 points per award)*

|  |  |
| --- | --- |
| **Name of Award** | **Year** |
|  |  |
|  |  |

**D. AMCP Leadership Activities (Part II) – Board Service**

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| --- | --- |
| **I have completed term(s) in the following positions:**  | **Dates served** |
| **President** |  |
| **President - Elect** |  |
| **Immediate Past President** |  |
| **Treasurer** |  |
| **Board Member (Does not include Presidential positions or Treasurer)** |  |
| **AMCP Foundation Board Member** |  |
| **BBCIC Board of Managing Directors** |  |

**Scoring**

|  |  |
| --- | --- |
| AMCP Presidential Position: |  |
| * President
 | 5 points |
| * President-Elect
 | 3 points |
| * Immediate Past President
 | 4 points |
| Treasurer | 4 points x number of years served |
| AMCP Board Director | 3 points x number of years served |
| AMCP Foundation Board Member | 1 point x number of years served |
| BBCIC Managing Director | 1 point x number of years served |

**Maximum Points Allowed for Leadership = 15**

**Category I:**

**Maximum Points Allowed: 35**

**Category II: Service to the Pharmacy Profession**

*Candidate must demonstrate sustained service to the pharmacy profession (includes managed care profession) through activities external to those of AMCP, for example:*

* *Recognized expertise in pharmacy practice as evidenced by professional publications, presentation, and/or committee representation, and leadership roles.*
* *Demonstrated innovation within managed care pharmacy practice as evidenced by new services initiated or enhancement of current programs, or development of new practice area of management model.*
* *Demonstrated commitment to the education of pharmacists, other healthcare providers and/or public on issues related to pharmacy as evidenced by professional publications, direct classroom teaching or lecturing, print materials, lectures in forums other than the classroom, or residency/internship preceptorships.*

**A. Publications**

**Instructions:** List the following in reverse chronological order. To add additional lines in the tables, please hit your tab button when in the last cell of the table. \*Substance or quality of the publication is subject to review by the FAMCP Review Committee. Items in the *Journal of Managed Care & Specialty Pharmacy (JMCP)* should not be included below. They should be included in Category I.

1. **Web-based publications that you have authored**. \* *(Scoring: ½ point per articles)*

|  |  |  |
| --- | --- | --- |
| **Web-based Publication** | **Website** | **Year First Appeared** |
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1. **Editorials that you have authored in peer-reviewed publications**. *(Scoring: 1 point per editorials)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of Editorial** | **Publication** | **Issue** | **Year** |
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1. **Descriptive Reports that you have authored in peer-reviewed publications**.\* *(Scoring: 1 point per reports)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of Report** | **Publication** | **Issue** | **Year** |
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1. **Comparative Research Articles that you have authored in peer-reviewed publications**. *(Scoring: 3 points per article)*

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| --- | --- | --- | --- |
| **Title of Research Article** | **Publication** | **Issue** | **Year** |
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1. **Continuing Education Articles that you have authored in peer-reviewed publications**. *(Scoring: 2 points per article)*

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| --- | --- | --- | --- |
| **Title of CE Article** | **Publication** | **Issue** | **Year** |
|  |  |  |  |
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1. **Articles, editorials, or reports in non-peer-reviewed health care publications and/or on health care issues.** *(Scoring: 2 points per article)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Title**  | **Publication** | **Issue** | **Year** |
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1. **Book Chapters that you have authored.** Include title of chapter, name of publication, year published. *(Scoring: 3 points per chapter authored)*

|  |  |  |
| --- | --- | --- |
| **Chapter Title** | **Publication/Textbook** | **Year Published** |
|  |  |  |
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**B. Educational Programs**

**Instructions:** List presentations that you have made at programs, other than those sponsored by AMCP. Describe presentation type, e.g. Round Table, Platform Presentation, etc.)List in reverse chronological order.

1. **Presentations at national or state pharmacy or managed care conference, affiliate or other health care conferences on managed care pharmacy issues (not including AMCP's national programs.)** Must delineate between platform, posters, partnership briefings, and round table presentations(*Scoring: 1 point for each poster presentation and partnership briefings, 2 points for each platform presentation and roundtable)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Presentation Title** | **Presentation Type** | **Conf Name/Sponsor** | **Year** |
|  |  |  |  |
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1. **Presentations to the public on managed care or pharmacy issues**. (Do not list more than 5) *(Scoring: 1 point per presentation to the public on managed care or pharmacy issues at the local level. A maximum of 5 points allowed)*

|  |  |  |
| --- | --- | --- |
| **Topic** | **Location** | **Year** |
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1. **Presentations to student groups on managed care or pharmacy issues**. (Do not list more than 5) Includes universities, pharmacy, medical, and nursing schools, and high school *(Scoring: 1 point per presentation to student groups on managed care or pharmacy issues at the local level. A maximum of 5 points allowed)*

|  |  |  |
| --- | --- | --- |
| **Topic** | **Location** | **Year** |
|  |  |  |
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**C. Teaching Appointments**

**1.** **Pharmacy Residency Preceptor -** list your pharmacy residency preceptor positions. *(Scoring: 2 points per year served as a pharmacy residency preceptor)*

|  |  |  |
| --- | --- | --- |
| **Title** | **Institution** | **Years Served** |
|  |  |  |
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**2.** **Pharmacy Internship Preceptor -** list your pharmacy internship preceptor positions. *(Scoring: 2 points per year served as an internship preceptor)*

|  |  |  |
| --- | --- | --- |
| **Title** | **Institution** | **Years Served** |
|  |  |  |
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1. **Managed Care Pharmacy Internship/Residency Preceptor -** list when you acted in a preceptor role for someone in managed care pharmacy. Note, this is intended for non- pharmacists acting as a preceptor or when you are precepting a non-pharmacist. Preceptorships must last for at least one quarter of a year. *(Scoring: 2 points per year served as an managed care pharmacy internship/residency preceptor)*

|  |  |  |
| --- | --- | --- |
| **Title** | **Institution** | **Years Served** |
|  |  |  |
|  |  |  |
|  |  |  |
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**4.** **Appointments - list your appointments as instructor(s) in pharmacy, medical, nursing or business school.** Include titles, names of institution(s), and year(s) served. *(Scoring: 1 point per year appointed as instructor in pharmacy, medical, nursing, or business school)*

|  |  |  |
| --- | --- | --- |
| **Title** | **Institution** | **Years Served** |
|  |  |  |
|  |  |  |
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**D. Leadership Positions and Recognitions Awarded other than AMCP**

**Instructions:** Within each position or activity heading, list your activities or positions in reverse chronological order. It is important that you list as many activities, recognitions, and positions as possible. *Note: AMCP Affiliate volunteer leadership is recognized in Category I.*

**1.** **Positions of elected office in local or state pharmacy or managed care organization**. *(Scoring: 2 points per year)*

|  |  |  |
| --- | --- | --- |
| **Title** | **Organization**  | **Year** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Positions of elected office in national pharmacy or managed care organization.** *(Scoring: 3 points per year)*

|  |  |  |
| --- | --- | --- |
| **Title** | **Organization**  | **Year** |
|  |  |  |
|  |  |  |
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1. **Awards or recognitions received from pharmacy or managed care organizations other than AMCP**. *(Scoring: 2 points per award)*

|  |  |  |
| --- | --- | --- |
| **Name of Award** | **Sponsor** | **Year** |
|  |  |  |
|  |  |  |
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1. **Grants received for disease state management or outcomes research project.** Include all pertinent information such as titles of projects, grants received, contributors of grants, and years awarded. *(Scoring: 2 points per grant)*
2. **Describe below in 500 words or less a pharmacy practice initiative or program you developed and implemented at your practice site that is considered among the first of its kind.** (Scoring = Among the first to implement cutting-edge service or management model – two 2 points.)

**Category II:**

**Total Points Must Equal or Exceed**

**35 Points to Qualify**

**Total Points from Category I & II**

**Must Equal or Exceed**

**60 Points**

**to**

**Qualify as a Fellow of the Academy of Managed Care Pharmacy**

**Statement of Accomplishments or Other** **Additional Information (Optional)**

*Describe below in 500 words or less any additional information you believe is essential to the FAMCP Selection Committee's decision-making process. Information can include but is not limited to specific accomplishments, contributions, and dedicated volunteer time toward the community, philanthropic activities, and others.*

**List of References**

List names and contact information of no less than **three references** that can attest to the candidate's contributions to AMCP and to the practice of pharmacy profession is required. The candidate must sign the list of reference names in order to provide members of the FAMCP Selection Committee the right to contact candidate's references. The FAMCP Selection Committee reserves the right to make selection decisions without contacting references. The information for each reference must appear as follows*: (Please use separate page.)*

#### **1.** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **2**. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **3**. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_