AMCP Great Plains Affiliate

**STUDENT PHARMACY PROGRAMS – GILEAD and LEO PHARMA**

DUE DATE: May 3, 2024

**Eligibility:** Applicant must be a **P2 – P4 PharmD student** at the time of the program (i.e., have not graduated as of August 2024), at one of the accredited Colleges of Pharmacy within the AMCP Great Plains Affiliate region (Colorado, Iowa, Kansas, Missouri, Nebraska, North Dakota, South Dakota, Wyoming), and a **current member of AMCP**. Students may participate once (1) in each program (i.e., a student may participate in Gilead Student Pharmacy Program one year, and LEO Pharma Student Shadowing Day another year). Applicant must complete a brief essay on what they will gain from attending the student pharmacy program(s), and how the experience will contribute to their professional goals related to pharmacy.

**Ranking Criteria:** AMCP Great Plains Affiliate Board members will conduct the applicant review. The evaluation will be based on **both** submitted essays, completed application form, and submitted CV. No letter of recommendation required.

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| **NAME** |  |
| **COLLEGE OF PHARMACY** |  |
| **INCOMING PHARMACY YEAR** |  |
| **ADDRESS** |  |
| **E-MAIL ADDRESS** |  |
| **PHONE #** |  |
| **AMCP MEMBER #** |  |

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| **Which student pharmacy program(s) are you applying to? (Please select ONE of the following)** | |
| **LEO Pharma Student Shadowing Day (August 14-15th, 2024)**  **Gilead Student Pharmacy Program (September 10-11th, 2024)**  **I would like to be considered for either program** | |
| **ESSAY #1:** What you will gain from attending the student pharmacy program(s)?  \*\*Maximum 250 words\*\* | |
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| **ESSAY #2:** How will the student pharmacy program(s) contribute to your professional goals?  \*\*Maximum 250 words\*\* | |
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| **List any prior work experience not in pharmacy nor healthcare (if available).** |  |
| **List any managed care or industry internships (if available).** |  |
| **Have you competed in the AMCP P&T Competition at your school? (or completed a P&T Competition submission).**  **\*Please note if local or national** |  |
| **List any research experience, posters presented (indicate conference/location), podium presentation, journal publication.** |  |
| **List any volunteer experience during pharmacy school, include examples (i.e., health fairs, clinics, etc.)** |  |
| **List any leadership position(s) at a national level in an organization (indicate if pharmacy or non-pharmacy organization).** |  |
| **List any leadership position(s) in a pharmacy organization at your school.** |  |
| **List any recognitions received for academic and/or leadership accomplishments (i.e., Honors, Dean’s list, etc.)** |  |
| **Have you attended an AMCP Affiliate Managed Care Day? If yes, please indicate which one.** |  |
| **List AMCP Affiliate Social and Educational Events attended (other than managed care day).** |  |
| **Do you currently have a Mentor-Mentee Agreement through the AMCP Affiliate mentorship Program? If yes, please indicate mentor.** |  |