



Pharmacy PRIDE Application

Professionalism, Responsibility, and Involvement in Dedication to Excellence

May 8, 2017 to March 20, 2018

Name: _____ Student ID: _____

Circle One: P1 P2 P3 P4

Objective:

To fulfill our personal ambitions and college’s mission to advance the art and science of pharmacy through professionalism, responsibility, and involvement in our dedication to excellence.

Participation and Recognition:

PRIDE is a partnership of students, faculty, and administration, which recognizes professionalism and excellence. The activities listed in the PRIDE application are selected by Student Body Council (SBC) under the consultation of the PRIDE faculty advisor to provide opportunities for students to grow as pharmacy professionals and participate as good citizens in the College and community. All CNU students are eligible to apply, and there is no limit to the number of students recognized with the PRIDE Award. Award recipients will be recognized by the College for their professionalism and service and invited to the end of year CNU Awards Ceremony.

Completing the PRIDE application:

On the following page is an outline of required activities designed to assist students advance professionally and receive PRIDE recognition for the academic year. See sample below. As each item is completed, write the event number in the event box and fill in the detailed description. For questions, please see the PRIDE FAQ handout, contact your SBC PRIDE representative, email COPSSBC@cnsu.edu, or at www.facebook.com/CNUPRIDE. Please be aware, it is the applicant’s responsibility to clarify questions prior to submission. **Incomplete, inaccurate, or overdue applications will not be reviewed.**

-----COMPLETED SAMPLE-----

Must write event numbers here!

1 Update resume/CV and have it reviewed. [CAREER SERVICES/ ADVISOR/ HUB COORDINATOR cosign]

2 Attend PRIDE seminar (at least twice). [SBC REP cosign]

Note: required cosigner

Event 1: CV Development Organizer: Self Event Date: 9/29/14

Brief Description and My Role: Completed my CV and reviewed it with my Advisor, Dr. Smith

Signature: Self Cosigner: Dr. J. Smith

Print name: Dr. J. Smith

Event 2: Work/Life Balance Seminar Organizer: PRIDE Event Date: 10/13/14

Brief Description and My Role: Attended a PRIDE seminar on the balance between work, school, and life. The seminar was hosted by Dr. Doe

Signature: Self Cosigner: Dr. J. Doe

Print name: Dr. J. Doe

Include activity details and complete each box

P1-P3 students must complete all of the requirements listed below
P4 students must complete a total of NINE from any list.

(one activity per month is encouraged)

- Attend SBC Elections. [SBC REP cosign]
- Attend PRIDE sponsored seminar (at least twice). [SBC REP/ CLUB REP cosign]
- Community service related to Pharmacy (3 events, 2+ hours each). [CLUB REP cosign]
- Mentor or be mentored by CNU student (meet twice, each 30+ mins).
[MENTEE / MENTOR cosign]
- Prepare a one page of goals/questions/concerns for advisor meeting.
[ADVISOR/ HUB COORDINATOR cosign]
- Update resume/CV and have it reviewed. [CAREER SERVICES/ ADVISOR/ HUB COORDINATOR cosign]

P1-P3 students must complete SIX requirements from the lists below

Leadership & Service

- Make a speech for an elected officer or club leadership position. Outline speech & discuss with advisor. [ADVISOR cosign]
- Hold a current office, club leadership, or SBC appointed position. [CLUB ADVISOR cosign]
- Serve as a student representative for a CNU Standing Committee (ex. Curriculum Committee, Spirit Committee, IPE Committee, etc). [COMMITTEE CHAIR cosign]
- Mentor a pre-pharmacy student (meet at least 30 minutes for 2 sessions). [MENTEE cosign]
- Work as a tutor for CNU (meet at least 1 hour for 2 sessions). [TUTORED STUDENT cosign]
- Complete a paper (minimum 300 words) on how the PRIDE Award has influenced your perspective of the pharmacy profession. [TURN IN WITH APP]
- Successfully encourage another CNU student who has never received the PRIDE Award to complete and submit the PRIDE Application this year (student cosigning cannot sign for more than one application). [STUDENT cosign]
- Volunteer for a CNU College of Pharmacy student admissions interview day. [SAAC cosign]

Professional Development

- Apply for or receive an individual scholarship or award. [ADVISOR or SCHOLARSHIP SPONSOR cosign]
- Develop or revise a detailed written career plan (1+ pg) & discuss with advisor.
[ADVISOR/HUB COORDINATOR cosign]
- Attend Pharmacy Internship Fair *or* P4 CNU Career Fair
[SBC REP/ HUB COORDINATOR/ CAREER SERVICES cosign]
- Attend board of pharmacy meeting. [OTHER ATTENDEE cosign]
- Attend local pharmacy or healthcare chapter meeting. [OTHER ATTENDEE cosign]
- Attend pharmacy regional or national conference. [CLUB PRESIDENT cosign]
- Participate in research poster or paper development. [ADVISOR cosign]
- Participate in clinical skills or patient counseling competition. [CLINICAL FACULTY/ CLUB REP cosign]
- Prepare a residency portfolio and discuss with a clinical faculty member.
[CLINICAL FACULTY cosign]
- Hold employment in a pharmacy related setting that is non-IPPE/APPE related (working or research). [SUPERVISOR cosign]
- Other: (must pre-approve with SBC and advisor and describe in detail in PRIDE app).
[ADVISOR/HUB COORDINATOR cosign]

Pharmacy PRIDE Application

Professionalism Responsibility and Involvement in Dedication to Excellence

Event 1: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

Event 2: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

Event 3: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

Event 4: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

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Professionalism Responsibility and Involvement in Dedication to Excellence

Event 5: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

Event 6: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

Event 7: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

Event 8: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

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Event 9: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

Event 10: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

Event 11: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

Event 12: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

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Event 13: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

Event 14: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

Event 15: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

Event 16: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

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Professionalism Responsibility and Involvement in Dedication to Excellence

Event 17: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

Event 18: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

Event 19: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

Event 20: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
Print name: _____

Pharmacy PRIDE Application

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Event 21: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
 Print name: _____

Event 22: _____ Organizer: _____ Event Date: _____

Brief Description and My Role: _____

Signature: _____ Cosigner: _____
 Print name: _____

Please provide your comments below to improve the PRIDE program for the future:

