



# Pharmacy PRIDE Application

Professionalism, Responsibility, and Involvement in Dedication to Excellence

May 4, 2020 to March 19, 2021

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](mailto:COPSSBC@cnsu.edu), or at [www.facebook.com/CNUPRIDE](http://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]

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

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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

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Signature: Self Cosigner: Dr. J. Doe

Print name: Dr. J. Doe

Note: required cosigner

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) (extra events completed last year can be counted this year [max:4])*

<input type="checkbox"/>	Attend SBC Elections. [SBC REP cosign]
<input type="checkbox"/>	<input type="checkbox"/> Attend PRIDE sponsored seminar (at least twice). [SBC REP/ CLUB REP cosign]
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Community service related to Pharmacy (3 events, 2+ hours each). [CLUB REP cosign]
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Mentor or be mentored by CNU student (meet twice, each 30+ mins). [MENTEE / MENTOR cosign]
<input type="checkbox"/>	Prepare a one page of goals/questions/concerns for advisor meeting. [ADVISOR/ HUB COORDINATOR cosign]
<input type="checkbox"/>	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***

<input type="checkbox"/>	Make a speech for an elected officer or club leadership position. Outline speech & discuss with advisor. [ADVISOR cosign]
<input type="checkbox"/>	Hold a current office, club leadership, or SBC appointed position. [CLUB ADVISOR cosign]
<input type="checkbox"/>	Serve as a student representative for a CNU Standing Committee (ex. Curriculum Committee, Spirit Committee, IPE Committee, etc). [COMMITTEE CHAIR cosign]
<input type="checkbox"/>	<input type="checkbox"/> Mentor a pre-pharmacy student (meet at least 30 minutes for 2 sessions). [MENTEE cosign]
<input type="checkbox"/>	<input type="checkbox"/> Work as a tutor for CNU (meet at least 1 hour for 2 sessions). [TUTORED STUDENT cosign]
<input type="checkbox"/>	Complete a paper (minimum 300 words) on how the PRIDE Award has influenced your perspective of the pharmacy profession. [TURN IN WITH APP]
<input type="checkbox"/>	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]
<input type="checkbox"/>	Volunteer for a CNU College of Pharmacy student admissions interview day. [SAAC cosign]

***Professional Development***

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

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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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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: \_\_\_\_\_

# Pharmacy PRIDE Application

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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: \_\_\_\_\_

# Pharmacy PRIDE Application

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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:

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