

PROPOSED RESOLUTION FORM

Region #:

Proposing APhA-ASP Chapter:

Proposed Resolution Title/Topic:

For example: Health Literacy (APhA-ASP Resolution 2008.2)

Proposed wording (*desired action(s)*):

For example: APhA-ASP encourages pharmacists and student pharmacists to actively incorporate health literacy assessment into the development and implementation of each patient care plan.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

Are there any adopted resolutions currently on the books related to this Proposed Resolution?

Yes___ No___

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:

Author of Proposed Resolution:

Author Phone Number:

Author Email Address:

Please use only one form for each proposed resolution. Forms must be submitted by the Chapter via email to the APhA-ASP Regional Delegate the Friday prior to the start of the Midyear Regional Meeting. Contact your Regional Delegate for questions.