

## **FACULTY STATEMENT OF CONSENT**

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Dear APhA-ASP Chapter Advisor & Experiential Director:

One of your students, \_\_\_\_\_ (candidate's name), is seeking a regional officer position in the American Pharmacists Association Academy of Student Pharmacists (APhA-ASP). All APhA-ASP elected officers are to remain in school during their terms of office and attend meetings and conferences during the school year. At times, serving as an APhA ASP Regional Officer is a demanding and challenging job, but the office is meant to complement, not compete with a student's education. An elected officer's education always takes the higher priority.

The APhA-ASP National Executive Committee and APhA Staff would like to know if you support this individual's efforts to seek a regional elected position. After reviewing the information submitted by the applicant, please sign this form if you can attest that:

- The candidate, as a student in your school or college of pharmacy, has a satisfactory record of academic performance (academic: minimum 2.5 GPA on a 4.0 scale) and professionalism.
- The responsibility of being elected as an APhA-ASP Regional Officer will not negatively affect the student's current academic standing.
- The student can fulfil his/her responsibilities as an APhA-ASP Regional Officer.
- The student is of sound moral, ethical, and professional judgment.
- If elected, the student will have the full support of the Dean, the Office of Experiential Education, and Chapter Advisor(s) of your school or college of pharmacy.

Additionally, please note that if elected to this position, the student will be required to participate in meetings and events throughout the year. Flexibility may be necessary when scheduling and/or completing Introductory and Advanced Pharmacy Practice Experiences. The student is required to attend:

Event	Date	Encouraged to Participate	Required to Participate
<b>APhA-ASP Regional Officer Orientation</b> (conducted via Zoom)	November 19 (9:00 pm -10:00 pm ET)	—	Yes
<b>APhA-ASP Regional Officer Meeting</b>	January 9-11	—	Yes
<b>APhA2026 Annual Meeting</b>	March 27-30	—	Yes
<b>APhA-ASP Summer Leadership Institute</b>	July 17-19	Yes	—
<b>APhA-ASP Midyear Regional Meeting</b>	November (days TBD)	—	Yes

\* APhA will cover the cost of registration and provide a \$200 travel stipend for APhA2026. APhA will provide travel, hotel, and registration costs for MRM2026.

Please review the position descriptions for the APhA-ASP Regional Offices for more information on officer responsibilities: <https://mrm.pharmacist.com/mrm/policy-elections>

**Chapter Advisor Support Section:**

**Chapter Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature)

**Chapter Advisor:** \_\_\_\_\_  
(Print Name)

As APhA-ASP Chapter Advisor I agree to the following:

- ☐ I have read and understand the Regional Officer Responsibilities and Application and will work to support our student with fulfilling their officer duties, responsibilities, and participation obligations.
- ☐ I have no concerns about the student's ability to fulfill the duties of APhA-ASP Regional Office.
- ☐ I have no concerns about the student's ability to maintain their academic performance and professionalism while serving as an APhA-ASP Regional Officer.

**School or College of Pharmacy Experiential Director Support Section:**

**Experiential Director:** \_\_\_\_\_  
(Print Name)

**Experiential Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature)

As Experiential Director I agree to the following:

- ☐ I have read and understand the Regional Officer Responsibilities and Application and will work to support our student with fulfilling their officer duties, responsibilities, and participation obligations.
- ☐ I have no concerns about the student's ability to fulfill the duties of APhA-ASP Regional Office.
- ☐ I have no concerns about the student's ability to maintain their academic performance and professionalism while serving as an APhA-ASP Regional Officer.