APhA Academy of Student Pharmacists
Regional Officer Application

CANDIDATE STATEMENT OF CONSENT

As an applicant for APhA-ASP Regional Office, I agree to uphold the following statements:

- I am aware of the responsibilities, meetings, and travel requirements outlined for the APhA-ASP position to which I am seeking.
- If elected, and I find that I am unable to fulfill the duties for that position, I understand that APhA has the authority to replace me with a qualified candidate.
- If elected, I agree to serve APhA and APhA-ASP to the best of my ability and to the best of my knowledge.
- If elected, I agree to serve APhA and APhA-ASP with sound moral, ethical, and professional judgment and understand that APhA may remove me from my office if my actions violate sound moral, ethical, and professional judgment.
- If elected, I understand that, at the discretion of APhA, I may have to resign from any local, regional, national, or international positions held in APhA-ASP or any other pharmacy and non-pharmacy associations, clubs, or organizations.
- I have read and understand the APhA-ASP Midyear Regional Meeting Rules of Procedure and understand the election process for the office I am seeking.
- I understand that APhA will promote elections and candidates. Campaigning conducted outside of elections proceedings by myself or by others on my behalf is prohibited and will result in disqualification from seeking the position.
- I am currently in good standing at my school or college of pharmacy. I understand that if elected to the position I must maintain successful academic and professional performance throughout my term in office.
- I understand that my picture, e-mail address, and qualifications will be posted on the APhA-ASP website, used in APhA-ASP publications, and will be utilized during the elections process.
- I understand that APhA reserves the right, upon its discretion, to remove any elected or appointed officer from his/her position.

- If elected, I understand and am willing to participate in the required meetings for my position. I also have the support of my college or university to participate in these activities, which include:

Event	Date	Encouraged to Participate	Required to Participate
APhA-ASP Regional Officer Orientation (conducted via Zoom)	November 18, 2026 (9:00 pm -10:00 pm ET)	—	Yes
APhA-ASP Regional Officer Meeting (conducted via Zoom)	January 8-10, 2027	—	Yes
APhA2027 Annual Meeting	March 19-22, 2027	—	Yes
APhA-ASP Summer Leadership Institute	Mid-July 2027	Yes	—
APhA-ASP Midyear Regional Meeting	November (days TBD)	—	Yes

*APhA will cover the cost of registration and provide a travel stipend for APhA2027. APhA will provide travel, hotel, and registration costs for MRM2027.

- I agree that all statements on this application are true. I understand that any false statements or the failure to complete this application accurately may result in my disqualification as a candidate for an APhA-ASP elected position.

Signature of Candidate: _____

Please print name here: _____

Date signed: _____