

## The 2009-2010 AACP Academic Leadership Fellows Program (ALFP)

### Nomination

To be completed by the Dean

*(Please type the following)*

Name and Title of Nominee: \_\_\_\_\_

Name of Dean: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Co-Mentor (if applicable): \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Dean, please attach a letter (not to exceed 800 words or two double-spaced pages) that addresses the questions provided below.

1. For how long and in what capacity have you known the nominee?
2. How would you describe the nominee's competencies/talents and potential for leadership?
3. Why do you believe the nominee should be an Academic Leadership Fellow?
4. What do you believe is the nominee's potential for assuming a leadership position in pharmacy college/school administration?
5. What types of positions do you envision the nominee assuming during the next five years?

**Application Deadline is March 13, 2009.**

## The 2009-2010 AACP Academic Leadership Fellows Program (ALFP)

### Fellow's Agreement Form To be completed by the Nominee

*(Please type the following).*

Name of Nominee: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Current Academic Rank: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

### Fellow's Agreement Form

I understand that if I am selected to be an AACP Academic Leadership Fellow, I will attend all sessions and participate in all required activities and assignments that relate to the program. I also understand that absence from any program element and/or failure to complete any required assignment or activity may result in dismissal from the ALFP and the loss of tuition.

Note: Due to the intensive nature and team-building focus of the in-residence Fellows programming, family members/guests are excluded.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Deadline is March 13, 2009.**

## The 2009-2010 AACP Academic Leadership Fellows Program (ALFP)

### Letter of Intent To be completed by the Nominee.

Please attach a letter of intent, limited to 1000 words or 2½ to 3 double-spaced pages that address the following:

1. Briefly describe any history of leadership/management experiences. The letter should identify any history of leadership activities at the institution such as chairing committees, advising student groups, mentoring students and faculty; developing community/institutional programs; supervising an active research program; and/or formal administrative or supervisory capacity.
2. Address your future career goals.
3. What is your assessment of your strengths and areas needing improvement as a leader?
4. What do you hope to learn through the AACP Academic Leadership Fellows Program?
5. How would you like to make a difference through your leadership in academic pharmacy and higher education?

The letter must be initialed by the dean nominator. Please attach an original, plus three (3) copies of the letter of intent.

Please attach an original, plus three (3) copies of your current curriculum vitae.

**Application Deadline is March 13, 2009.**

## The 2009-2010 AACP Academic Leadership Fellows Program (ALFP)

### 2009-2010 AACP Fellows Calendar (Dates subject to change prior to program acceptance)

- Orientation: Program for Fellow's Dean Mentors during July 18-22, 2009, AACP Annual Meeting, Chicago, IL  
Session I: August 2009, Washington, D.C. metro area  
Session II: November 2009, Washington, D.C.  
Session III: February 2010, Washington, D.C., AACP Interim Meeting (approximately 6 days)  
Session IV: July 2010, Seattle, WA, AACP Annual Meeting

### Application Checklist

Completed applications must include the original and three (3) copies of the following:

- 1 Signed nomination form completed by the Dean for each nominee;
- 1 A letter of recommendation from the nominating Dean (limit 800 words or 2 double-spaced pages);
- 1 Signed agreement form completed by the nominee;
- 1 Nominee's letter of intent, initialed by the nominator (limit 1000 words or 2½-3 double-spaced pages); and
- 1 A current curriculum vitae with a two-page summary of career highlights.

All forms are to be collected and submitted to the AACP Academic Leadership Fellows Program as one complete packet. Packets must be received 5:00 p.m. EST at AACP on **March 13, 2009**. Faxed or e-mailed applications will **not** be accepted.

Please mail your completed application and copies to:

Diane Drakeley  
Program Administrative Assistant  
American Association of Colleges of Pharmacy  
1727 King Street  
Alexandria, VA 22314

If you have questions regarding the program, please contact:

Dr. Kenneth W. Miller, Senior Vice President by e-mail: [kmiller@aacp.org](mailto:kmiller@aacp.org) or by telephone: 703/739-2330, ext. 1039 or

Dr. Arlene A. Flynn, VP for Professional Affairs by e-mail: [aflynn@aacp.org](mailto:aflynn@aacp.org) or by telephone: 703/739-2330, ext. 1030 or

Ms. Diane L. Drakeley, Program Administrative Assistant by e-mail: [ddrakeley@aacp.org](mailto:ddrakeley@aacp.org) or by telephone: 703/739-2330, ext. 1019.

**Application Deadline is March 13, 2009.**