

AACP Award Nominee Disclosure Form

AACP's Board of Directors has adopted a policy affirming AACP's right to grant, defer or decline to grant an honor or award to any person. Conferral of honors and awards by AACP are privileges exercised at AACP's discretion. The Board was motivated to adopt this policy through recognition that honoring those known to engage in harassing and discriminatory behavior can contribute to longstanding structural and systemic barriers to equal participation of all people in academic pharmacy. AACP expects all recipients of honors and awards to embody the highest standards of professional and personal ethical behavior.

Candidates for certain AACP awards must complete and submit this disclosure form before *December 3, 2021*. Questions should be directed to Dorothy Farrell (dfarrell@aacp.org.)

Please select which award you are being nominated for:

Have you been subject to a formally filed complaint, investigation or finding of misconduct related to harassment or discrimination based on race, color, religion, sex, national origin, pregnancy, childbirth or related medical conditions, age, marital status, sexual orientation, gender identity, military status, or disability?

No, I have nothing to disclose

Yes (If yes, you will be contacted for a confidential discussion of the details of the complaint, investigation or finding.)

AACP may contact the Dean of your college, or other responsible party at your institution (e.g., Provost or President) if you are the Dean, to inquire about any complaints, investigations or findings involving you regarding harassing or discriminatory behavior.

Certification:

I have read and agree to abide by the AACP Policy on Honors, Awards and Leadership Positions. I certify that the information on the form is accurate and complete, to the best of my knowledge, and that I will notify AACP of any change in this information or in the status of any complaint against me. I understand that submission of inaccurate or misleading information may affect my eligibility for AACP honors or awards or may result in revocation of any honors or awards I hold.

Name:

Date:

Email address:

Phone number:

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