

AACP Nominee Disclosure Form

AACP's Board of Directors has adopted a [policy on honors, awards and leadership positions](#). Through processes consistent with this policy and its bylaws, AACP may grant, defer or decline to grant an honor or award to any person and may slate or decline to slate any person as a candidate for an elected position. The Board was motivated to adopt this policy through recognition that honoring or elevating those known to engage in harassing and discriminatory behavior to leadership positions can contribute to longstanding structural and systemic barriers to equal participation of all people in academic pharmacy. AACP expects all its elected leaders and recipients of honors and awards to embody the highest standards of professional and personal ethical behavior.

Candidates for certain AACP honors, awards or leadership positions must complete and submit this disclosure form before the nomination submission due date. Questions should be directed to disclosure@aacp.org.

Please select the position or award for which you are being nominated:

Have you been subject to a 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, or is there an open or unresolved, formally filed complaint against you related to such harassment or discrimination?

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 Title IX Coordinator), 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 service positions, honors or awards or may result in revocation of any service positions, honors or awards I hold.

Name:

Date:

Email address:

Phone number: