

Thank you for your interest in becoming an IPhO Chapter. Please review the checklist below to ensure your submission is complete.

To be recognized by the Industry Pharmacists Organization (IPhO), the prospective student chapter usually first seeks recognition* as a student pharmacy organization at its respective school. Please see below for the **New Student Chapter Checklist** and complete all items indicated **before** submitting this **PDF** to the National Student Officer of Professional Affairs, Michael Schaefer (michaelsch.IPhO@gmail.com)

IMPORTANT NOTE: A minimum of 6 Executive Board members must be paid national members prior to submitting your chapter application.

IT IS NO FORMAL MEETINGS OR EVENTS UNDER IPHO UNTIL YOUR CHAPTER IS FORMALLY APPROVED.

New Student Chapter Checklist:

- ☐ **Student Chapter Application**
 - ☐ **Student Chapter Constitution**
 - ☐ **Signed Faculty Advisor Agreement**
 - ☐ **Signed Executive Board Member Agreement**
 - ☐ **Letter from Institution**
 - ☐ **Letter of Intent**
 - ☐ **All documents/forms in this packet should be signed and dated**
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* Prospective student organizations are strongly recommended to have the support of their respective college of pharmacy administration and/or pharmacy student government council, based upon university policies.

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Student Chapter Application

New Chapter Information

Please fill out the contact information for your chapter.

| | |
|--|--|
| School of Pharmacy Information | |
| Name | |
| Address | |
| City | |
| State | |
| Length of Pharmacy Program (3 or 4 years) | |
| Undergraduate Degree Required (Yes/No) | |
| # of semesters yearly | |
| Chapter Faculty Advisor Contact Information | |
| Name | |
| Position | |
| Email | |
| LinkedIn URL | |
| Chapter President | |
| Name | |
| Graduation Year | |
| School Email | |
| Personal Email | |
| National Member? (Yes/No) | |
| Chapter President-Elect – (Optional) | |
| Name | |
| Graduation Year | |
| School Email | |
| Personal Email | |
| National Member? (Yes/No) | |

| | |
|---|--|
| Chapter Director – National Engagement | |
| Name | |
| Graduation Year | |
| School Email | |
| Personal Email | |
| National Member? (Yes/No) | |
| Chapter Director – Professional Programming | |
| Name | |
| Graduation Year | |
| School Email | |
| Personal Email | |
| National Member? (Yes/No) | |
| Chapter Director- Social Media and Marketing | |
| Name | |
| Graduation Year | |
| School Email | |
| Personal Email | |
| National Member? (Yes/No) | |
| Chapter Director - Communications | |
| Name | |
| Graduation Year | |
| School Email | |
| Personal Email | |
| National Member? (Yes/No) | |
| Chapter Director- Finances and Fundraising | |
| Name | |
| Graduation Year | |
| School Email | |
| Personal Email | |
| National Member? (Yes/No) | |

Please list any additional positions other than listed above here:

| | |
|------------------------------|--|
| Position Name: | |
| Name | |
| Graduation Year | |
| School Email | |
| Personal Email | |
| National Member? (Yes/No) | |

| | |
|------------------------------|--|
| Position Name: | |
| Name | |
| Graduation Year | |
| School Email | |
| Personal Email | |
| National Member? (Yes/No) | |

Questions:

- 1) What plans do you have for National Membership Recruitment? Please elaborate on any potential activities if known.
- 2) Will local chapter dues be utilized? If so, please provide estimated amount.
- 3) Will IPhO national members of your chapter be exempt from paying local membership dues?
- 4) What plans do you have for Professional Programs? (minimum of one per semester required) Please elaborate on any potential activities if known.
- 5) What plans do you have for Fundraising? Please elaborate on any potential activities.

- 6) What time of year will your chapter have IPhO elections?
- 7) Does your pharmacy school have any industry related course electives? If so, please attach program description and syllabus.

Student Chapter Constitution

INDUSTRY PHARMACISTS ORGANIZATION STUDENT CHAPTER CONSTITUTION

Please fill in the blanks below, according to your chapter's preferences and/or university policies.

IPhO reserves the right to revoke any Student Chapter's charter if, in the opinion of IPhO, the Chapter disregards the mission of IPhO or violates the policies set forth in the Chapter constitution approved by IPhO.

ARTICLE I - NAME AND MISSION

Section 1

This organization shall be known as the _____ (*Institution Name*) Industry Pharmacists Organization (IPhO) Student Chapter, hereinafter referred to as, "the Chapter."

Section 2

IPhO Student Chapters are dedicated to enhancing student pharmacists' understanding of the pharmaceutical industry by:

- Raising awareness of the roles that industry pharmacists play in drug development, appropriate medication use, and other aspects of industry
- Creating opportunities for student pharmacists to connect with industry pharmacists
- Providing opportunities to participate in industry-focused scholarly activity
- Collaborating with IPhO National to create and distribute industry-focused resources and materials that are targeted to student pharmacists
- Working with IPhO National and local pharmacy school faculty/administration to promote access to industry-focused internship and other experiential opportunities

ARTICLE II - MEMBERSHIP AND ELIGIBILITY

Section 1

All full-time _____ (*Institution Name*) student pharmacists are eligible to become Chapter members.

Section 2

All Chapter members must abide by the Chapter constitution and associated rules, regulations and policies, as well as those of _____ (***Institution Name***).

Section 3

The Chapter will admit all eligible student pharmacists regardless of race, religion, color, gender, age, sexual orientation, or national or ethnic origin. Each Chapter member will be afforded all of the rights, privileges, programs and other activities available through the Chapter.

Section 4:

All Executive Board members, as defined in Article III-Section 1, must be full IPhO National Members (at the academic rate) in order to be nominated and hold office for an executive board position AND during the duration of their elected term.

Section 5:

The Chapter percentage of IPhO National Members to local chapter members will be evaluated annually.

Section 6 (optional):

In the advent that local chapters' dues are utilized, **IPhO strongly recommends that those paying national member dues are exempt from paying local membership dues.**

Section 7:

Our local membership dues will be \$____/year. (**specify monetary amount**)

Will IPhO national members of your chapter be exempt from paying local membership dues?
(**Yes/No**)

ARTICLE III - CHAPTER GOVERNMENT

Section 1

All e-board officers are required to be national IPhO members prior to submission of this application.

The Chapter Executive Board Officers shall consist of, at a minimum, (6) E-board officers, President, President-Elect/ Director of National Engagement/ Vice-President, Director of Professional Programming, Director of Social Media and Marketing, Director of Communications, and Director of Finances and Fundraising.

The Chapter may decide to create other officer positions as needed.

Required E-board Positions

President

Responsibilities:

- Organize and coordinate all Chapter meetings and ensure the Chapter mission is fulfilled
- Oversee the actions of the Executive Board Officers to ensure that they fulfill their individual and collective roles
- Responsible for the actions of the Chapter and acts as the Chapter representative

Director, National Engagement

Responsibilities:

- Serve as the trainer to all e-board members ensuring that they are well versed on National programs, services, and resources provided by IPhO
- Serve as a local expert and resource to all local and national chapter members regarding all of the benefits and services IPhO provides students, as described and available on the IPhO website
- Work closely with the chapter president to ensure that all IPhO National requests from National Student Officers (NSOs), Regional Student Officers (RSOs), and National Interns are completed and provided within requested timelines
- Understand day-to-day responsibilities for the President/other board members

Director, Professional Programming

Responsibilities:

- Lead identification and development of professional development activities.
- Recruit speakers for general body meetings and other creative events.
- Maintain relationships with alumni and industry professionals.

Director, Social Media and Marketing

Responsibilities:

- Responsible for re-posting all National Facebook posts
- Respond and report to requests made by your chapter's RSO and the NSO of Social Media and Marketing
- Lead the development and posting of key chapter activities via your local chapter Facebook Page
- Administrate Spearhead IPhO Nationals "Register All"; initiative by registering ALL local members and creating an account for each member on the IPhO website.

Director, Communications

Responsibilities:

- Record and distribute all Chapter activities and maintain an electronic warehousing of all pertinent documents
- Collect pertinent activities documents throughout the year for the annual reporting submission
- Lead the development and submission process for the annual and any midterm report requirements

- Assist the chapter Social Media and Marketing Director to develop and distribute e-mail, social media, and or print communications to chapter members and institution upon request
- Set-up and maintain a chapter email account if available and or desired

Director, Finances and Fundraising

Responsibilities:

- Maintain a budget and updated and accurate records of all financial matters
- Administrate any customized chapter national membership arrangements with the National organization
- Lead all chapter fundraising initiatives

Recommended Optional Positions

President-Elect

Responsibilities:

- Responsible for learning and assisting with all the duties of the President
- Assigned to lead one or more of the chapter's participation in a national IPhO program such as, the VIP Case Competition
- Act as President if the current President is absent or unable to fulfill his/her duties

Section 3

The Executive Board Officers will be elected by the conclusion of the spring semester. The annual elections will take place _____ (***specify which month***).

Section 4

To become a Chapter Executive Board Officer, eligible student pharmacists must be in good academic standing, be a full-time pharmacy student at _____ (***Institution Name***), must have attended a majority of IPhO meetings and events, and be a national IPhO member in good standing.

Section 5

Elections will be held under the direction of the Executive Board Officers. Candidates will be nominated and voted into Office in the following order: President, President-Elect (Optional), Director of National Engagement, Vice-President, Director of Finances and Fundraising, Director of Communications, Director of Professional Programming. Each nominee will have the opportunity to provide a brief oral presentation and respond to questions from Chapter members. The Executive Board Officers, excluding any officer(s) nominated for Office, will tabulate and communicate the results of the elections.

Elections shall be decided by a simple majority vote. In the event of a tie, the current e-board shall conduct a separate binding vote.

Section 5a

If there is no valid candidate for a specific position, the Executive Board Officers shall nominate one or more candidates and hold a separate e-board election. Please note that newly elected e-boards are required to have a minimum of 5 officers. If vacant e-board positions remain open past 30 days post-election, the chapter will not be in compliance and be in jeopardy of losing its IPhO charter.

ARTICLE IV - CHAPTER OPERATIONS

Section 1

Attendance will be taken at each meeting and event. All Executive Board Officers are required to attend and actively participate in every meeting and event, unless excused by the President due to an outstanding circumstance.

Section 1a

Attendance and active participation at all events and meetings is strongly encouraged for all Chapter members.

Section 1b

Only Chapter members attending the majority of meetings and events shall be eligible to be nominated for an officer position.

Section 2

The Chapter's Faculty Advisor will be nominated by the Executive Board, based upon the suggestions and recommendations of Chapter members under the guidance of IPhO leadership.

Section 2a

The Chapter Faculty Advisor should preferably be a full-time employee or adjunct faculty member at _____ (***Institution Name***).

Section 2b

The responsibilities of the Chapter Faculty Advisor may include, but are not limited to, actively participating in meetings and events and providing advice on chapter operations, promotion, activities and procedures. In particular, the Chapter Faculty Advisor will actively liaise with and provide guidance to the Chapter President.

Section 3

The Chapter shall abide by the laws of _____ (***State***) and the policies outlined by _____ (***Institution Name***) regarding hazing. IPhO defines hazing as any degrading or dangerous activity or situation that puts anyone at risk of physical or mental harm. There are no eligibility criteria or further actions required for Chapter membership other than those defined in Article II of this document.

ARTICLE V - AMENDMENTS

Section 1

Any Chapter member may suggest an amendment to the constitution through a written proposal presented to the Executive Board or through a discussion at a regularly scheduled meeting. If the proposed amendment is considered valid and beneficial, then its inclusion into the Chapter constitution shall be voted on by all Chapter members. The amendment requires a majority vote to be included in the constitution.

Please note that IPhO is required to provide approval of all amendments to make sure they meet the vision, mission, and objectives of IPhO.

Be sure to review your school's requirements for constitution development, as there may be required phrases or sections that must be included within their constitution document.

Faculty Advisor Agreement

By signing this form, the advisor agrees to:

- Be able to advise and mentor based upon your academic or professional expertise
- Work with the student chapter to attain pre-determined goals and objectives
- Notify the national organization whenever you become aware of the chapter being non-compliant with national organization policies and procedures and assist the chapter in resolving non-compliant issues as they occur in a timely manner

I _____ (***First and Last Name***), agree to act as the faculty advisor for the _____ (***Institution Name***) IPhO Chapter. I understand my role and responsibilities as an advisor.

Faculty Advisor Signature: _____

Date: _____

E-board Member Agreement

By signing this form, all E-board members attest and agree to:

- Be a national IPhO member in good academic standing
- Have met one of the following academic program completion requirements
 - For those enrolled in a 4-year academic program, a minimum of **one year** must be completed before assuming duties
 - For those enrolled in a 3-year accelerated academic program, a minimum of **one semester** must be completed before assuming duties
- Remain in good academic standing with the school

All E-board members acknowledge, understand, and agree that any IPhO Confidential Information it receives is to be solely and exclusively used for carrying out duties requested by IPhO National and may not be shared with and other organizations unless the national organization provide prior approval.

I agree to become a chapter E-board member in good standing for the _____ **(Institution Name)** IPhO Chapter.

I understand my role and responsibilities and accept the commitment necessary to fulfill my duty as an E-board member.

Name: _____ Signature: _____

Position _____ Date: _____

Name: _____ Signature: _____

Position _____ Date: _____

Name: _____ Signature: _____

Position _____ Date: _____

Name: _____ Signature: _____

Position _____ Date: _____

Name: _____ Signature: _____

Position _____ Date: _____

Name: _____ Signature: _____

Position _____ Date: _____

Letter from Institution

Please attach a formal letter from your school of pharmacy approving your organization on campus to this document.

Letter of Intent

Please copy and paste your chapter's letter of intent.