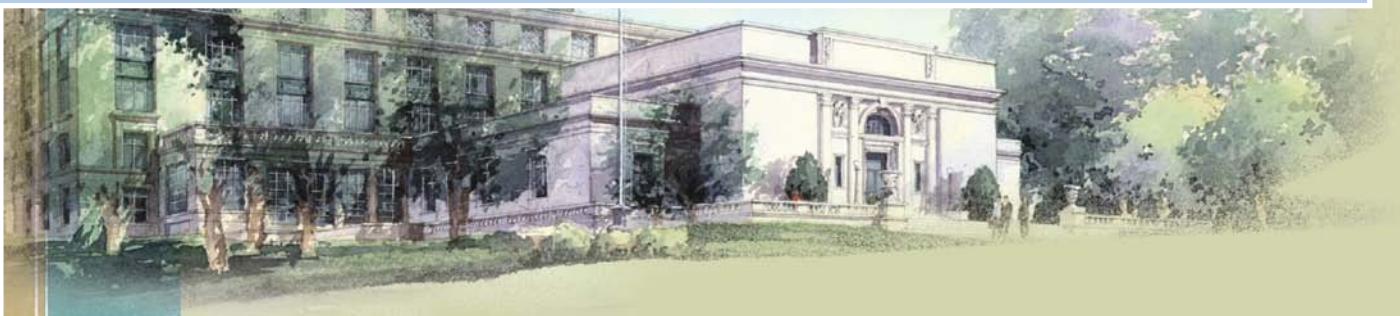


# APhA-ASP Adopted Resolutions



**1973 – 2011**

*Last updated February 24, 2012*

**APhA-ASP**  
AMERICAN PHARMACISTS ASSOCIATION  
ACADEMY OF STUDENT PHARMACISTS





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## **A P h A - A S P M I S S I O N S T A T E M E N T**

The mission of the American Pharmacists Association Academy of Student Pharmacists (APhA-ASP) is to be the collective voice of student pharmacists, to provide opportunities for professional growth, to improve patient care, and to envision and advance the future of pharmacy.

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## **A P h A - A S P A D O P T E D R E S O L U T I O N S – C O N T A C T I N F O R M A T I O N**

APhA-ASP is an Academy of the American Pharmacists Association (APhA). The contents of this book do not necessarily reflect the views of APhA and are not official APhA policy. For further information regarding APhA-ASP Adopted Resolutions, please contact the APhA Student Development Staff at:

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## **A P h A - A S P P O L I C Y S T A N D I N G C O M M I T T E E**

The APhA-ASP Policy Standing Committee is charged with:

- recommending policy issues to the APhA Policy Committee for consideration at the APhA House of Delegates;
- advising the Association whenever such advice is sought on policy issues of major interest to student pharmacists;
- reviewing the most recently passed resolutions by the APhA-ASP House of Delegates and decide how each resolution should be implemented;
- conduct an annual review all APhA-ASP adopted resolutions per the APhA-ASP House of Delegates Rules of Procedure;
- proposing policy issues for consideration at the Policy Proposal Forums conducted at the APhA-ASP Midyear Regional Meetings; and
- making recommendations on policies, which address the immediate and long-range interests and concerns of student pharmacists.

**APhA-ASP would like to thank the members of the 2011-2012 Policy Standing Committee for their efforts in revising the APhA-ASP Adopted Resolutions.**

- **Ashley Weems**, APhA-ASP Speaker of the House, Chair, PharmD Candidate, Auburn University
- **Davena Norris**, Vice-Chair, PharmD Candidate, University of New Mexico
- **Audrey Banner**, Member, PharmD Candidate, University of Iowa
- **Kim Claeys**, Member, PharmD Candidate, Wayne State University
- **Sheri Winner**, Member, PharmD Candidate, University of Oklahoma
- **Sara McElroy**, APhA-ASP National President, PharmD Candidate, University of Washington



## KEY AND ACRONYMS

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### KEY:

- Active:** Resolutions that are representative of the Academy and require ongoing action or are general supportive statements.
- Inactive:** Resolutions that are representative of the Academy but require no current action.
- Archive:** Resolutions that are not currently representative of the Academy.

### ACRONYMS:

- AACP:** American Association of Colleges of Pharmacy
- ACPE:** Accreditation Council for Pharmacy Education
- APhA:** American Pharmacists Association
- APhA-APPM:** American Pharmacists Association Academy of Pharmacy Practice and Management
- APhA-APRS:** American Pharmacists Association Academy of Pharmaceutical Research and Science
- APhA-ASP:** American Pharmacists Association Academy of Student Pharmacists
- ASHP:** American Society of Health Systems Pharmacists
- CMS:** Centers for Medicare and Medicaid Services
- FDA:** U.S. Food and Drug Administration
- FTC:** U.S. Federal Trade Commission
- IPSF:** International Pharmaceutical Students Federation
- NABP:** National Association of Boards of Pharmacy
- NAPLEX:** North American Pharmacist Licensure Examination
- NCPA:** National Community Pharmacists Association
- NPhA-SNPhA:** National Pharmaceutical Association Student National Pharmaceutical Association
- OTC:** Over-the-counter
- SAPhA:** Student American Pharmaceutical Association



**APhA-ASP ADOPTED RESOLUTIONS – LISTED BY SUBJECT HEADING**

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**I. APhA-ASP POLICY / ORGANIZATIONAL ISSUES**

**ACTIVE RESOLUTIONS**

1973.3	Liaison with Legislature
1975.18	Implementation of Resolutions
1988.1	Encouraging Involvement in Government Affairs
1996.10	Sunsetting Procedures
1999.8	Hosts and Work Site Sponsors for IPSF Exchange Students Programs
2002.13	APhA Mentors
2004.3	APhA-ASP Name Change

**INACTIVE RESOLUTIONS**

1973.21	Recruitment Programs - Local Chapters
1974.28	International Pharmaceutical Students Federation
1975.2	Meeting of Old and New Members
1975.5	Explanation of the Policy Mechanism
1975.8	Standing Committees and Task Force Functions
1977.4	Student Member of the APhA Board of Trustees
1978.3	Student Delegates to the APhA House of Delegates
1984.13	Student Member to the Board of Trustees
1985.2	Expanded Roles for APhA-ASP Delegates
1994.1	APhA Summer Internship Program
1995.9	E-Mail Communication
1996.12	Regional Officer Responsibilities
1996.13	APhA-ASP National Officer Elections
2002.13	APhA Mentors
2002.16	Doctor of Pharmacy Designation
2004.3	APhA-ASP Name Change
2004.11	Pharmacy Student Magazine Name Change
2005.7	APhA-ASP Standing Rule 3.7: Annual Meeting Election Procedure

## II. COLLABORATIVE AGREEMENTS

### II a. COLLABORATION WITH PHARMACY ORGANIZATIONS

#### ACTIVE RESOLUTIONS

1982.8	Interaction with Pharmaceutical Associations
1984.9	Pharmacy Unification
1990.1	Student Input into AACP Activities
1993.2	Interaction and Harmony with Other Student Organizations
1997.11	Student Participation with State Boards of Pharmacy
1998.16	Affiliation/Unification with Organizations on the National, State & Student Level
2003.9	ACPE Accreditation Standards and Guidelines for Pharmacy Faculty
2004.4	Student Position on ACPE Board of Directors
2006.1	Protection of Personal Information
2006.4	Accreditation for Specialty Compounding
2007.6	Student Representation in State Pharmacy Associations
2008.4	International Medical Aid
2008.7	Nationwide Assessment of Pharmacy Education Resources Expansion of Schools and Colleges of Pharmacy
2008.8	Innovative Pharmacy Practice Model
2009.3	Meeting Preceptor Demands of Experiential Education
2009.4	Public Awareness Campaign for Pediatric Non-Prescription Medications

#### INACTIVE RESOLUTIONS

1974.28	International Pharmaceutical Students Federation
1990.7	United States Membership in IPSF
1997.2	Involvement in IPSF
1998.14	The IPSF Neema Project

### II b. COLLABORATION WITH OTHER HEALTH PROFESSIONALS

#### ACTIVE RESOLUTIONS

1982.4	Interdisciplinary Professional Awareness
1987.1	Physician Dispensing
1993.2	Interaction and Harmony with Other Student Organizations
1994.4	Complete Directions on Prescription Orders
1995.1	Interdisciplinary Curricula
1996.5	Interdisciplinary Experiential Programs
1996.14	Patient Care Protocols
1997.4	Collaborative Drug Therapy Protocols
2000.5	Collaborative, Non-Protocol, Post-Diagnostic Prescriptive Authority
2002.15	Pharmacists Using Computerized Prescriber Physician Order Entry Systems
2007.1	Medication Reconciliation
2007.2	Personal Health Records
2007.5	Patient's Weight on Prescriptions
2008.2	Health Literacy
2008.4	International Medical Aid
2008.5	Medication Distribution Systems
2010.2	Substance Abuse Education
2010.3	E-Prescribing and Computerized Prescriber Order Entry (CPOE) Systems

### **III. CHEMICAL DEPENDENCY & HABIT FORMING SUBSTANCES**

#### **III a. PHARMACISTS RECOVERY NETWORK**

##### **ACTIVE RESOLUTIONS**

1986.2	Re-entry of the Impaired Student Pharmacist
1991.2	Chemical Dependency

#### **III b. ADDICTION EDUCATION**

##### **ACTIVE RESOLUTIONS**

1973.33	Drug Abuse Legislation
1987.3	Education on Abused Substances
1989.3	Intravenous Drug Abuse Education
2010.2	Substance Abuse Education

#### **III c. SALE OF HABIT FORMING SUBSTANCES**

##### **ACTIVE RESOLUTIONS**

1980.1	Sale of Nonprescription Alcohol in Pharmacies
1989.2	Sale of Tobacco Products in Pharmacies
1996.1	Tobacco Sales in Pharmacies
2006.2	Regulating the Sale of Non-Prescription Drugs Used for Producing Illegal Substances
2008.6	National Controlled Substances Registry

##### **INACTIVE RESOLUTIONS**

1989.5	Sale of Alcoholic Beverages in Pharmacies
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#### **III d. ABUSE OF HABIT FORMING SUBSTANCES**

##### **ACTIVE RESOLUTIONS**

1981.4	Using of Schedule II Drugs for Weight Loss
2006.8	Public Health Smoking Policies for the Workplace and Public Locations
2010.2	Substance Abuse Education

##### **INACTIVE RESOLUTIONS**

1981.6	Prescription-Only Classification of Exempt Narcotics
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## **IV. CURRICULUM**

### **IV a. CURRICULUM - DISEASES / DISEASE STATE MANAGEMENT**

#### **ACTIVE RESOLUTIONS**

1976.3	Hypertension Screening and Education Projects
1983.2	Nutrition in Pharmacy School Curriculum
1986.4	Acquired Immune Deficiency Syndrome (AIDS)
1987.2	Education and Training with Oncolytic Agents
1998.4	Immunization Education
2000.2	Disease State Management—Involvement at all Schools and Colleges of Pharmacy
2001.1	Curriculum Addressing Special Populations in the Schools/Colleges of Pharmacy
2001.12	Development of Nationally Recognized Guidelines in Community Service Project
2011.3	Advancement of Medication Therapy Management (MTM) Services

#### **INACTIVE RESOLUTIONS**

1980.2	Incorporation of Geriatric Courses in Pharmacy School Curricula
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### **IV b. CURRICULUM - TECHNOLOGY**

#### **ACTIVE RESOLUTIONS**

2004.6	Innovative Technology
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#### **INACTIVE RESOLUTIONS**

1979.1	Computers in Pharmacy School
1998.9	Computer Literacy

### **IV c. CURRICULUM - EMERGENCY PREPAREDNESS**

#### **ACTIVE RESOLUTIONS**

2002.1	Pharmacist Education on Emergency Preparedness
2003.5	Emergency Treatment Training for Student Pharmacists

#### **INACTIVE RESOLUTIONS**

1979.4	CPR-First Aid Course in the Pharmacy Curriculum
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#### **IV d. CURRICULUM – ETHICS / PROFESSIONALISM**

##### **ACTIVE RESOLUTIONS**

1984.7	Curriculum Review
1984.14	Code of Ethics
1994.10	Professionalization of Student Pharmacists
1997.1	Student Attendance at Professional Meetings
1998.1	Diversity
1998.15	Medical Ethics in curriculum
2002.5	Honor Code Systems
2003.4	White Coat Ceremonies
2003.7	Leadership Development Throughout the Curriculum

#### **IV e. CURRICULUM - SPECIFIC COURSES**

##### **ACTIVE RESOLUTIONS**

1973.28	OTC Drug Course in Curriculum
1977.3	Course in Pharmacy Administration
1980.3	Pharmacy Management Electives in Pharmacy School Curriculum
1987.4	Student Pharmacist Support of Patient Education Programs
1997.6	Complementary Alternative Therapy Education
2002.7	Certification Programs
2003.1	Medication Errors in the Curriculum
2003.3	Compensation for Pharmacists' Care Services in the Curriculum
2003.7	Leadership Development Throughout the Curriculum
2003.8	Health Insurance Portability and Accountability Act
2004.5	Cultural Diversity Awareness
2005.5	Legislative Education
2009.3	Meeting Preceptor Demands of Experiential Education

##### **INACTIVE RESOLUTIONS**

1981.3	Teaching of Communication Skills
1995.5	Parenteral Laboratories

## **V. STUDENT / FACULTY / ADMINISTRATION**

### **V a. STUDENT / FACULTY / ADMINISTRATION - DIVERSITY**

#### **ACTIVE RESOLUTIONS**

1974.25	Minority Recruitment and Retention
1998.1	Diversity
2004.5	Cultural Diversity Awareness

### **V b. STUDENT / FACULTY / ADMINISTRATION - FINANCIAL AID**

#### **ACTIVE RESOLUTIONS**

1982.10	Financial Aid
1988.3	Low-Interest Loan Program through APhA
1992.8	Increased Sources of Financial Support for Student Pharmacists' Education
2004.9	Pharmacy Residency and Postgraduate Education Funding
2011.1	Pharmacist Inclusion in State and Federal Loan Repayment Programs

#### **INACTIVE RESOLUTIONS**

1991.5	Educational Loan Deferment
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### **V c. STUDENT / FACULTY / ADMINISTRATION – RECRUITMENT / ADMISSIONS**

#### **ACTIVE RESOLUTIONS**

1981.1	Misleading Recruitment Activities
1982.9	Pharmacy School Admission Criteria
1984.8	Student Pharmacist Recruitment
1998.1	Diversity
2002.9	Exposing Potential Student Pharmacists to the Profession
2002.12	Pharmacy School Enrollment Increases
2007.8	Disclosure of Accreditation Status

#### **INACTIVE RESOLUTIONS**

1976.2	Capitation Funding
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### **V d. STUDENT / FACULTY / ADMINISTRATION - FACULTY REQUIREMENTS**

#### **ACTIVE RESOLUTIONS**

1977.2	Practitioner Faculty in Pharmacy Schools
1998.13	Faculty Pharmacy Practice Experience
2003.9	ACPE Accreditation Standards and Guidelines for Pharmacy Faculty
2008.7	Nationwide Assessment of Pharmacy Education Resources Expansion of Schools and Colleges of Pharmacy

## V e. STUDENT / FACULTY / ADMINISTRATION - INPUT ON CURRICULUM

### ACTIVE RESOLUTIONS

1981.2	Practitioner Role in Curriculum Development
1982.3	Career Counseling
2002.14	Student Involvement in Pharmacy School Administrative Decisions

### INACTIVE RESOLUTIONS

1984.11	Student Input on Educational Issues
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## VI. DEGREES

### ACTIVE RESOLUTIONS

2001.10	New Pharmacy Degrees
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### INACTIVE RESOLUTIONS

1991.1	Single Degree in Pharmacy
1992.6	Support of the Joint Statement on the Entry-Level Doctor of Pharmacy Degree
2002.16	Doctor of Pharmacy Designation

## VII. INTERNSHIPS / EXTERNSHIPS

### ACTIVE RESOLUTIONS

1976.4	Externships and Internships
1981.5	Internship Credit for "Nontraditional Roles"
1989.4	Expansion of Internship/Externship Opportunities
1990.6	Accumulation of Internship Hours
1990.10	Preceptor Training Program
1993.6	Status of Pharmacy Interns for the Purpose of Patient Counseling
1995.6	Practice Exposure
1996.2	Acceptance of Internship Hours by State Boards of Pharmacy
1996.6	Consistency in Internship and Externship Experiences
1997.5	Patient-Oriented Pharmacy Experiential Learning
2000.6	Pharmacists and Student Pharmacists on Medical Teams
2002.8	Intern / Extern Programs
2004.6	Innovative Technology
2004.7	Student Input on Advanced Pharmacy Practice Experiences
2006.7	Regulation of Student Pharmacists' Practice Experience
2009.3	Meeting Preceptor Demands of Experiential Education
2009.7	Nationwide Assessment of Introductory Pharmacy Practice Experiences
2010.4	Standardization of Student Pharmacist Internship Requirements

### INACTIVE RESOLUTIONS

1988.4	Supervision of Pharmacy Interns
1993.9	Introductory Clerkship Prior to Advanced Study

## **VIII. LICENSURE**

### **ACTIVE RESOLUTIONS**

1999.9	Timing of Licensure Examinations
2000.7	Pharmacy Law Requirement For Re-licensure
2002.11	Pharmacy Technician Training
2006.1	Protection of Personal Information

### **INACTIVE RESOLUTIONS**

1973.29	APhA Handbook of Nonprescription Drugs
1975.13	Statement on Continuing Competence
1979.3	Calculator Use during Pharmacy Licensure Examinations
1983.4	NAPLEX Score Transfer
1996.3	Computerized NAPLEX Testing

## **IX. POST GRADUATE EDUCATION / CONTINUING EDUCATION**

### **ACTIVE RESOLUTIONS**

1974.30	Continuing Competency
1997.6	Complementary Alternative Therapy Education
1998.17	Illicit/Legend Drug Interactions Continuing Education
1999.1	Board of Pharmaceutical Specialties Expansion
2002.7	Certification Programs
2004.9	Pharmacy Residency and Postgraduate Education Funding
2005.5	Legislative Education
2005.8	Continuing Medical Education (CME) Credits
2008.2	Health Literacy
2008.3	Residency and Postgraduate Training

### **INACTIVE RESOLUTIONS**

1974.29	Accreditation of Specialty Areas in Pharmacy
1982.1	Establishment of Community Practice Residencies
1984.10	Continuing Education
1996.9	Evaluation of Comprehension of Continuing Education

## **X. LEGISLATIVE RECOMMENDATIONS / POLITICAL ACTION**

### **X a. LEG REC / POLITICAL ACTION – CALL FOR LEGISLATION / REGULATION**

#### **ACTIVE RESOLUTIONS**

1973.33	Drug Abuse Legislation
1974.22	National Health Insurance and Pharmaceutical Services
1987.1	Physician Dispensing
1993.4	Provision of Diagnosis and Other Information to Pharmacists
1993.6	Status of Pharmacy Interns for the Purpose of Patient Counseling
1993.8	Drug Sample Distribution and Dispensing
1994.4	Complete Directions on Prescription Orders
1995.7	Written Instructions as a Supplement to Verbal Counseling
1996.1	Tobacco Sales in Pharmacies
1996.15	Pharmacist's Rights
1997.7	State Pharmacy Practice Acts
1998.5	Medication Administration by Pharmacists
1998.8	FDA Regulation of Complementary and Alternative Medicines and Dietary Supplements
1999.2	Pharmacists Recognized as Health Care Providers by CMS
1999.5	Collection of Blood Samples by Pharmacists
1999.9	Timing of Licensure Examinations
2001.2	Legible Prescription Order Legislation
2002.2	Pharmacists Administering Immunizations
2002.4	Prescription Discount Cards
2002.10	Incentive Programs for Areas of Need
2002.11	Pharmacy Technician Training
2004.1	Medication Importation
2004.2	Pharmacy Benefit Managers
2004.9	Pharmacy Residency and Postgraduate Education Funding
2005.1	Tort Reform
2005.2	Clinical Trials
2006.2	Regulating the Sale of Non-Prescription Drugs Used for Producing Illegal Substances
2006.3	Professional Right to Refuse
2006.7	Regulation of Student Pharmacists' Practice Experience
2006.8	Public Health Smoking Policies for the Workplace and Public Locations
2007.4	Proper Medication Disposal
2008.1	Poison Control Centers Hotline
2008.8	Innovative Pharmacy Practice Model
2009.1	Appropriate Labeling for Acetaminophen-Containing Products
2009.6	Health Care Reform
2009.8	Behind-the-Counter (BTC) Status of Certain Medications
2010.1	Pharmacists' Right to Privilege
2010.3	E-Prescribing and Computerized Prescriber Order Entry (CPOE) Systems
2011.1	Pharmacist Inclusion in State and Federal Loan Repayment Programs
2011.2	Pharmacists as Providers
2011.3	Advancement of Medication Therapy Management (MTM) Services

#### **INACTIVE RESOLUTIONS**

1979.7	Penalties for Pharmacy Homicide
1990.2	Facsimile Transmission of Prescription Orders
1994.5	Licensure of Mail Order Pharmacies
2003.10	Safety/Regulation of Ephedra-Containing Dietary Supplements

## **X b. LEG REC / POLITICAL ACTION – CALL FOR POLITICAL ACTION**

### **ACTIVE RESOLUTIONS**

1973.3	Liaison with Legislature
1973.7	Uniform Reciprocity Requirements
1977.1	Methods of Attracting Pharmacy Manpower to Shortage Areas
1981.7	Need for Accurate Statistical Manpower Data
1982.5	Patient's Right to Pharmaceutical Services
1984.2	Reclassification of Drugs
1988.1	Encouraging Involvement in Government Affairs
1989.7	Patient's Right to Choose Health Care Professionals
1990.3	Rebates to Pharmacies
1992.3	Recycling of Pharmaceutical Packaging
1993.3	Equal Access for Patients and Providers
1993.5	Pharmacists and Healthcare Reform
1994.11	Syringe/Needle Exchange Programs
1996.7	Pharmacy Technician <b>National</b> Certification
1997.10	Printed Name and Phone Number on Prescriptions
1998.2	Political Action
1999.6	Label Accuracy of Complementary Products
1999.7	Anonymous HIV Testing for the Public
2000.4	Pharmacists' Right to Compound
2001.9	Medicare – Outpatient Prescription Coverage
2001.11	Restricted Distribution and Product Licensing Agreements
2003.2	Medication Error Reporting System
2005.3	Medication Therapy Management Services
2005.5	Legislative Education
2006.1	Protection of Personal Information
2006.5	Use of Brand/Trade Name Extension
2007.9	State Board of Pharmacy
2008.5	Medication Distribution Systems
2008.6	National Controlled Substances Registry
2009.4	Public Awareness Campaign for Pediatric Non-Prescription Medications
2009.5	Practice-Based Research Networks (PBRNs)
2011.4	Regional Poison Control Centers

### **INACTIVE RESOLUTIONS**

1976.2	Capitation Funding
1977.5	Pharmacist Prescribing
1982.6	Enforcement of Labeling and Packaging Requirements
1986.1	Drug Diversion and Differential Pricing
1994.8	Pharmacist Prescribing Authority
1997.9	Inclusion of Disease State/Intended Use on Prescriptions
2002.16	Doctor of Pharmacy Designation

## **XI. OTC PRODUCTS**

### **ACTIVE RESOLUTIONS**

1973.25	OTC Drug Advertising as an Educational Source
1974.10	Professional Guidance in OTC Drugs
1978.4	Pharmacist in OTC Advertising
1981.8	Misleading Drug Advertisements
1984.2	Reclassification of Drugs
1999.6	Label Accuracy of Complementary Products
2006.2	Regulating the Sale of Non-Prescription Drugs Used for Producing Illegal Substances
2006.5	Use of Brand/Trade Name Extension
2008.1	Poison Control Centers Hotline
2008.6	National Controlled Substances Registry
2009.1	Appropriate Labeling for Acetaminophen-Containing Products
2009.4	Public Awareness Campaign for Pediatric Non-Prescription Medications

### **INACTIVE RESOLUTIONS**

1973.26	Guidelines for OTC Drug Advertising
1973.27	OTC Drug Advertising Codes
1998.3	OTC Medications and Labeling

## **XII. ADVERTISING**

### **ACTIVE RESOLUTIONS**

1974.6	Prescription Price Information and Advertising
1981.8	Misleading Drug Advertisements
2006.5	Use of Brand/Trade Name Extension
2009.1	Appropriate Labeling for Acetaminophen-Containing Products

### **INACTIVE RESOLUTIONS**

1973.26	Guidelines for OTC Drug Advertising
1973.27	OTC Drug Advertising Codes



### **XIII. PATIENT EDUCATION**

#### **ACTIVE RESOLUTIONS**

1973.25	OTC Drug Advertising as an Educational Source
1973.30	Consumer Awareness of Role of Pharmacist
1974.5	Health Care Role of Pharmacist
1974.10	Professional Guidance in OTC Drugs
1978.4	Pharmacist in OTC Advertising
1986.3	Involvement of the Pharmacist in Discharge Counseling
1987.4	Student Pharmacist Support of Patient Education Programs
1989.3	Intravenous Drug Abuse Education
1990.4	Generic Drug Information and Patient Education
1990.5	Pharmacist-Patient Contact
1991.4	Patient Counseling Practice Standards
1992.2	Appropriate Counseling Environment in Pharmacies
1992.7	Pharmacist Education of Personnel in Residential Care Facilities
1993.6	Status of Pharmacy Interns for the Purpose of Patient Counseling
1994.3	Community-based Health Education Programs
1994.6	Public Education about Pharmaceutical Care
1995.7	Written Instructions as a Supplement to Verbal Counseling
1995.8	Verbal Offer to Counsel
1997.8	Use of Alternative Communication Resources
1998.6	Antibiotic Use and Compliance
1999.3	Internationally Obtained Medications
2000.8	Access to Patient-Specific Information
2001.4	Administration Devices-Personal Demonstration During Initial Dispensing
2001.5	Pharmacists' Voluntary Involvement with the Provision of Emergency Contraceptives
2002.3	Pharmaceutical Counseling by Pharmacy Technicians
2003.6	Consolidation of Prescriptions at One Pharmacy
2005.4	Lower Cost Medications
2006.5	Use of Brand/Trade Name Extension
2006.9	Written Drug Information Summaries
2007.4	Proper Medication Disposal
2008.2	Health Literacy
2009.2	Supplemental Print and Electronic Health Information
2010.2	Substance Abuse Education

#### **INACTIVE RESOLUTIONS**

1992.10	Public Health Awareness Programs
1995.4	Guidelines for Pharmaceutical Care
1998.3	OTC Medications and Labeling

## **XIV. COMPLEMENTARY AND ALTERNATIVE MEDICINE**

### **ACTIVE RESOLUTIONS**

1996.8	Safety and Efficacy of Alternative Remedies
1997.6	Complementary Alternative Therapy Education
1998.8	FDA Regulation of Complementary and Alternative Medicines and Dietary Supplements
1999.6	Label Accuracy of Complementary Products
2001.3	Herbal and Other Dietary Supplement Sign in Pharmacies
2008.1	Poison Control Centers Hotline

### **INACTIVE RESOLUTIONS**

2003.10	Safety/Regulation of Ephedra-Containing Dietary Supplements
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## **XV. PROFESSIONALISM**

### **ACTIVE RESOLUTIONS**

1973.30	Consumer Awareness of Role of Pharmacist
1984.14	Code of Ethics
1991.4	Patient Counseling Practice Standards
1994.10	Professionalization of Student Pharmacists
1997.1	Student Attendance at Professional Meetings
1998.11	Professional Autonomy / Conscience Clause
<b>2002.1</b>	Pharmacist <b>and Student Pharmacist</b> Education on Emergency Preparedness
2002.5	Honor Code Systems
2002.9	Exposing Potential Student Pharmacists to the Profession
2003.4	White Coat Ceremonies
2003.7	Leadership Development Throughout the Curriculum
2005.9	White Coats
2007.3	Media Training

## **XVI. PHARMACEUTICAL CARE / PATIENT CARE**

### **ACTIVE RESOLUTIONS**

1976.3	Hypertension Screening and Education Projects
1984.5	Reimbursement for Home Health Care Services
1984.6	Long Term Care Facilities
1985.6	Pharmacist Involvement in Home Health Care
1986.5	Worldwide, Nonrestrictive Childhood Immunization
1987.6	Hospice Care
1988.6	Accessibility and Service to the Disabled
1989.1	CPR Certification for Pharmacists
1989.2	Sale of Tobacco Products in Pharmacies
1989.6	Pharmacist Awareness of Bioequivalence Issues
1990.5	Pharmacist-Patient Contact
1991.3	Medication Distribution Systems
1992.7	Pharmacist Education of Personnel in Residential Care Facilities
1993.1	Reimbursement for Pharmaceutical Care
1993.7	One-way Valve CPR Ventilation Masks
1994.7	Drive Through Pharmacies
1994.9	Payment for Cognitive Services
1995.3	Assuring Quality
1997.3	Documentation for Pharmaceutical Care
1998.5	Medication Administration by Pharmacists
1999.4	Internet Prescribing and Dispensing
1999.5	Collection of Blood Samples by Pharmacists
2000.3	Personal Possession of MDIs by Students
2000.4	Pharmacists' Right to Compound
2000.5	Collaborative, Non-Protocol, Post-Diagnostic Prescriptive Authority
2000.6	Pharmacists and Student Pharmacists on Medical Teams
2000.9	Impact of Pharmaceutical Patient Care and Cognitive Services-Additional Studies
2001.2	Legible Prescription Order Legislation
2001.5	Pharmacists' Voluntary Involvement with the Provision of Emergency Contraceptives
2001.8	Prescription Voucher In Place of Drug Samples
2001.11	Restricted Distribution and Product Licensing Agreements
2001.12	Development of Nationally Recognized Guidelines in Community Service Project
2002.2	Pharmacists Administering Immunizations
2002.4	Prescription Discount Cards
2002.15	Pharmacists Using Computerized Prescriber Physician Order Entry Systems
2003.2	Medication Error Reporting System
2003.3	Compensation for Pharmacists' Care Services in the Curriculum
2003.6	Consolidation of Prescriptions at One Pharmacy
2004.6	Innovative Technology
2004.8	Promotional Incentives that Compromise Patient Care
2005.4	Lower Cost Medications
2006.3	Professional Right to Refuse
2006.9	Written Drug Information Summaries
2007.1	Medication Reconciliation
2007.2	Personal Health Records
2008.2	Health Literacy
2008.5	Medication Distribution Systems
2009.5	Practice-Based Research Networks (PBRNs)
2009.8	Behind-the-Counter (BTC) Status of Certain Medications
2010.1	Pharmacists' Right to Privilege

2010.3	E-Prescribing and Computerized Prescriber Order Entry (CPOE) Systems
2011.2	Pharmacists as Providers
2011.3	Advancement of Medication Therapy Management (MTM) Services

### **INACTIVE RESOLUTIONS**

1973.16	Manufacturers Clinical Safety and Efficacy Tests
1979.2	Pharmacists in Government-Supported Health Care Programs
1982.2	Pharmaceutical Services in the Military
1987.5	Maintenance of Patient Profiles
1994.8	Pharmacist Prescribing Authority
1995.4	Guidelines for Pharmaceutical Care
1995.11	Principles of Practice for Pharmaceutical Care Adoption
1996.4	Standardized Patient Information
1997.9	Inclusion of Disease State/Intended Use on Prescriptions
2000.1	Properly Destroying Discarded Patient Information

## **XVII. PHARMACY SUPPORT PERSONNEL**

### **ACTIVE RESOLUTIONS**

1985.1	Supportive Pharmacy Personnel
1996.7	Pharmacy Technician National Certification
2002.3	Pharmaceutical Counseling by Pharmacy Technicians
2002.11	Pharmacy Technician Training
2006.1	Protection of Personal Information
2006.7	Regulation of Student Pharmacists' Practice Experience

## **XVIII. SAFETY**

### **ACTIVE RESOLUTIONS**

1992.1	HIV Testing of Pharmacists and Student Pharmacists
1993.7	One-way Valve CPR Ventilation Masks
1994.11	Syringe/Needle Exchange Programs
1998.7	Safety and Quality of Compounded Products
1998.12	Working Conditions
2003.1	Medication Errors in the Curriculum
2003.2	Medication Error Reporting System
2003.6	Consolidation of Prescriptions at One Pharmacy
2004.1	Medication Importation
2004.8	Promotional Incentives that Compromise Patient Care
2004.10	Prescription Drug Packaging
2005.6	Counterfeit Resistant Packaging
2006.4	Accreditation for Specialty Compounding
2006.5	Use of Brand/Trade Name Extension
2007.4	Proper Medication Disposal
2007.5	Patient's Weight on Prescriptions
2008.1	Poison Control Centers Hotline
2009.1	Appropriate Labeling for Acetaminophen-Containing Products
2010.3	E-Prescribing and Computerized Prescriber Order Entry (CPOE) Systems
2011.4	Regional Poison Control Centers

### **INACTIVE RESOLUTIONS**

1980.4	Availability of Information on Accidental Contact of Parenteral Drugs with the Body
1983.1	Safety and Antineoplastic Agents
1984.12	Hypodermic Syringe Control
1996.4	Standardized Patient Information
2003.10	Safety/Regulation of Ephedra-Containing Dietary Supplements

## **XIX. WORKPLACE ISSUES**

### **ACTIVE RESOLUTIONS**

1992.1	HIV Testing of Pharmacists and Student Pharmacists
1993.7	One-way Valve CPR Ventilation Masks
1997.10	Printed Name and Phone Number on Prescriptions
1998.12	Working Conditions
2000.10	Use of Computer Generated Prescriptions
2001.6	Quality of Work Life for Pharmacists and Pharmacy Interns – Breaks
2004.6	Innovative Technology
2005.9	White Coats
2006.8	Public HealthSmoking Policies for the Workplace and Public Locations
2007.7	Automated External Defibrillators (AEDs) in Pharmacies

### **INACTIVE RESOLUTIONS**

1975.11	Polygraph Tests Administration
1975.12	Polygraph Tests - Submission
1982.6	Enforcement of Labeling and Packaging Requirements
1985.4	Polygraph, Psychological, and Drug Screen Testing
1990.2	Facsimile Transmission of Prescription Orders
1994.2	Sexual Harassment
1997.9	Inclusion of Disease State/Intended Use on Prescriptions
2000.1	Properly Destroying Discarded Patient Information

## **XX. MEDIA**

### **ACTIVE RESOLUTIONS**

1973.30	Consumer Awareness Role of Pharmacist
1994.6	Public Education about Pharmaceutical Care
2002.6	Pharmacist Portrayal by Media
2007.3	Media Training
2009.4	Public Awareness Campaign for Pediatric Non-Prescription Medications

## **XXI. INSURANCE**

### **ACTIVE RESOLUTIONS**

1974.22	National Health Insurance and Pharmaceutical Services
1984.5	Reimbursement for Home Health Care Services
1988.2	Pharmacists' Involvement in Third Party Program Reimbursement Policies
1993.1	Reimbursement for Pharmaceutical Care
1993.3	Equal Access for Patients and Providers
1993.5	Pharmacists and Healthcare Reform
1994.9	Payment for Cognitive Services
1995.2	Documentation for Cognitive Services
1997.3	Documentation for Pharmaceutical Care
1998.10	Standardized Pharmacy Insurance Information
1999.2	Pharmacists Recognized as Health Care Providers by CMS
2001.9	Medicare – Outpatient Prescription Coverage
2002.4	Prescription Discount Cards
2003.3	Compensation for Pharmacists' Care Services in the Curriculum
2003.8	Health Insurance Portability and Accountability Act
2004.2	Pharmacy Benefit Managers
2005.4	Lower Cost Medications
2006.6	Accessibility of Patient Coverage Issues
2009.6	Health Care Reform
2010.3	E-Prescribing and Computerized Prescriber Order Entry (CPOE) Systems
2011.2	Pharmacists as Providers
2011.3	Advancement of Medication Therapy Management (MTM) Services

### **INACTIVE RESOLUTIONS**

1998.18	Insurance Claim Pharmacy Service Code
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# **APhA-ASP**

## **Active Resolutions**

**Resolutions that are representative of the Academy and require ongoing action or are general supportive statements**





## ACTIVE RESOLUTIONS

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### **1973.3 - Liaison with Legislature**

APhA-ASP supports maintaining active liaisons with the legislature and that the membership is made aware of the progress.

### **1973.7 - Uniform Reciprocity Requirements**

The Committee recommends that all states work for a uniform reciprocity system for reciprocating states.

### **1973.25 - OTC Drug Advertising as an Educational Source**

The Committee recommends that APhA-ASP publicize to its members and officially support all measures making OTC drug advertising educational.

### **1973.28 - OTC Drug Course in Curriculum**

APhA-ASP recommends that ACPE require every college of pharmacy to have a required course in OTC drugs included in its curriculum as a part of the clinical program or as a separate course.

### **1973.30 - Consumer Awareness of Role of Pharmacist**

APhA-ASP recommends that an extensive program be initiated on informing the consumer of the role of the pharmacist in the community through the use of news releases, public service announcements, etc., so as to promote the professionalism of the pharmacist.

### **1973.33 - Drug Abuse Legislation**

APhA-ASP supports actively coordination of its activities with APhA and pertinent organizations in urging the passage of new and the modification of old legislation on Drug Abuse and Drug Abuse Education.

### **1974.5 - Health Care Role of Pharmacist**

APhA-ASP embraces an active role in further educating the public about the professional health care role of the pharmacist and in informing the patient how to effectively analyze and understand the information on prescription and nonprescription drugs.

### **1974.6 - Prescription Price Information and Advertising**

The Committee recommends that APhA-ASP oppose prescription price advertising to the public and support prescription information and advertising in health professional material.

### **1974.10 - Professional Guidance in OTC Drugs**

The Committee recommends that APhA-ASP actively support the parent organization, APhA, in its endeavor to promote the pharmacist as a source of professional guidance in the area of OTC medications.

### **1974.22 - National Health Insurance and Pharmaceutical Services**

APhA-ASP supports legislation resulting in the National Health Insurance that covers both in-patient and outpatient pharmaceutical services.

### **1974.25 - Minority Recruitment and Retention**

APhA-ASP urges each college of pharmacy to implement an active minority recruitment and retention program and provide each college with a model recruitment program.



## ACTIVE RESOLUTIONS

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### **1974.30 - Continuing Competency**

The Committee recommends that APhA-ASP endorse the concept and/or practice of continuing pharmaceutical education only as a means to the end of maintaining professional competence, and not as an end in itself.

### **1975.18 - Implementation of Resolutions**

APhA-ASP recommends that the resolutions adopted by the House of Delegates be implemented to the best abilities of the academy based on resources available and in the interest of APhA.

### **1976.3 - Hypertension Screening and Education Projects**

1. APhA-ASP supports and encourages student involvement in hypertension screening and education projects.
2. APhA-ASP should continue to cooperate with pharmaceutical manufacturers and organizations which are interested in hypertension.
3. APhA-ASP endorses the establishment of community hypertension screening clinics.

### **1976.4 - Externships and Internships**

1. APhA-ASP recommends that time spent working in externship and/or internship programs should be regulated and unified.
2. APhA-ASP supports the concept of the school of pharmacy serving as an advisory body in the establishment and evaluation of uniform externship and internship requirements and guidelines.
3. APhA-ASP recommends that an evaluation of preceptors be carried out by boards and schools of pharmacy on continuing basis, and further, that the preceptor evaluate the extern or intern upon completion of a period of externship as to his or her ability in various areas of pharmacy.
4. APhA-ASP recommends that the extern or intern be given the opportunity to evaluate the contents of his or her period of externship, including a reflection of the preceptor's competence in this role.
5. APhA-ASP urges that credit in externships be given for time spent in student health projects, industrial externships, and other externship experiences evaluated and approved by APhA-ASP and ACPE.

### **1977.1 - Methods of Attracting Pharmacy Manpower to Shortage Areas**

APhA-ASP supports the intent of programs being utilized by federal and state regulatory agencies, educational institutions, and national and local health professional agencies and associations for the purpose of attracting manpower to designated shortage areas in the United States.

### **1977.2 - Practitioner Faculty in Pharmacy Schools**

APhA-ASP encourages colleges of pharmacy to have practitioner faculty as an integral part of the teaching staff.

### **1977.3 - Course in Pharmacy Administration**

APhA-ASP encourages participation by student pharmacists in elective courses in pharmacy administration prior to graduation.

### **1978.4 - Pharmacist in OTC Advertising**

APhA-ASP condemns promotional efforts of pharmaceutical manufacturers that are demeaning to pharmacists and encourages the pharmaceutical industry to develop new promotional programs focusing on the pharmacist as the most available health professional and the most appropriate expert to consult regarding the selection and use of OTC preparations.



## ACTIVE RESOLUTIONS

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### **1980.1 - Sale of Nonprescription Alcohol in Pharmacies**

APhA-ASP discourages the sale, except by prescription, of alcoholic beverages in any pharmacy. APhA-ASP recommends that state and local pharmaceutical associations develop similar policy statements for their membership and increase their involvement in public educational programs regarding the potential health hazards associated with alcohol consumption.

### **1980.3 - Pharmacy Management Electives in Pharmacy School Curriculum**

APhA-ASP encourages schools of pharmacy to offer electives providing an adequate level of training and competency in the fields of community and hospital pharmacy management.

### **1981.1 - Misleading Recruitment Activities**

APhA-ASP condemns unethical, inaccurate, and unprofessional advertising and other misleading methods of recruitment of students into pharmacy schools; APhA-ASP further condemns sexist, racist, and other discriminatory forms of recruitment.

### **1981.2 - Practitioner Role in Curriculum Development**

APhA-ASP encourages schools of pharmacy to actively seek and obtain input from practitioners and student pharmacists concerning their curricula.

### **1981.4 - Using of Schedule II Drugs for Weight Loss**

APhA-ASP discourages the prescribing and dispensing of Schedule II drugs for weight loss.

### **1981.5 - Internship Credit for "Nontraditional Roles"**

1. APhA-ASP encourages State Board of Pharmacy and NABP to promote the involvement of students in "nontraditional" pharmacy roles by providing internship hours for these experiences.
2. APhA-ASP encourages NABP to establish guidelines, with student input, for State Boards of Pharmacy to follow in accepting internship credit hours for experience gained in "nontraditional" pharmacy roles.

### **1981.7 - Need for Accurate Statistical Manpower Data**

APhA-ASP supports the efforts of any organization and/or governmental body in compiling, evaluating, and disseminating accurate statistical manpower data as it affects the quality of patient care and the welfare of the profession of pharmacy. Such data should include, but not be limited to, distribution of pharmacists by geography and specialty, economics, societal need, and access to health services.

### **1981.8 - Misleading Drug Advertisements**

1. APhA condemns unethical, unprofessional and misleading advertisements of nonprescription products by mail-order suppliers.
2. APhA-ASP urges FTC and FDA to investigate these type of advertisements and the companies as to their legality.

### **1982.3 - Career Counseling**

APhA-ASP encourages schools and colleges of pharmacy to provide adequate career counseling services due to the diverse career opportunities available to pharmacy school graduates.



## ACTIVE RESOLUTIONS

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### **1982.4 - Interdisciplinary Professional Awareness**

APhA-ASP supports the concept of increased interdisciplinary communications and activities to acquaint other health care disciplines with the pharmacist as a valuable resource.

### **1982.5 - Patient's Right to Pharmaceutical Services**

APhA-ASP condemns any governmental actions which interfere with a patient's freedom of choice in obtaining pharmaceutical services.

### **1982.8 - Interaction with Pharmaceutical Associations**

APhA-ASP strongly encourages increased interaction between state and local pharmaceutical associations and student pharmacists.

### **1982.9 - Pharmacy School Admission Criteria**

1. APhA-ASP strongly encourages the use of multifaceted pharmacy school admission criteria, including, but not limited to, interview, essays, letters of recommendation, and activity reports.
2. APhA-ASP discourages the use of any single evaluative instrument as the sole admission requirement to schools and colleges of pharmacy.

### **1982.10 - Financial Aid**

1. APhA-ASP strongly discourages the discontinuation of any government financial assistance programs including, but not limited to, grants, loans, and work-study programs, particularly those used by graduate and health professional students.
2. APhA-ASP recommends that this matter be referred to the APhA Board of Trustees and to other health organizations for possible policy consideration.

### **1983.2 - Nutrition in Pharmacy School Curriculum**

APhA-ASP encourages that a stronger emphasis be placed, within pharmacy school curricula, on providing adequate levels of training and competency in basic human nutrition and on promoting the pharmacist's role in educating the general public in this area.

### **1984.2 - Reclassification of Drugs**

APhA-ASP recommends the incorporation of a third category of drugs to be dispensed personally at the pharmacist's discretion and upon the patient's request. This category of drugs also includes those drugs in the process of changing from prescription only to non-prescription status, and those present non-prescription products which are determined to be too hazardous for indiscriminate use.

### **1984.5 - Reimbursement for Home Health Care Services**

APhA-ASP encourages the profession to work toward the development of reimbursement to pharmacists at an adequate level for home health care services.

### **1984.6 - Long Term Care Facilities**

APhA-ASP encourages pharmacists to take a more direct and active role in drug therapy review and patient and staff counseling in long term care facilities.

### **1984.7 - Curriculum Review**

APhA-ASP encourages the active participation of student pharmacists in the review and modernization of their curricula.



## ACTIVE RESOLUTIONS

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### **1984.8 - Student Pharmacist Recruitment**

APhA-ASP encourages student pharmacists to actively participate in the recruitment of future student pharmacists.

### **1984.9 - Pharmacy Unification**

1. APhA-ASP supports diligent work toward the goal of organizational unity for the profession of pharmacy.
2. APhA-ASP recommends that chapters and schools and colleges of pharmacy make a concerted effort to provide student pharmacists with programs and services that encompass all segments of the profession.

### **1984.14 - Code of Ethics**

1. APhA-ASP hereby supports APhA's Code of Ethics as guidelines for professionalism both for the practitioner and the student.
2. APhA-ASP recommends the adoption of APhA's Code of Ethics for those colleges and schools of pharmacy desiring such standards.
3. APhA-ASP strongly disagrees with the practice of mandatory signing of any Code of Ethics or document of similar intent as a prerequisite for acceptance or completion of a degree program.

### **1985.1 - Supportive Pharmacy Personnel**

1. APhA-ASP encourages the establishment of appropriate training guidelines for supportive pharmacy personnel by state boards of pharmacy.
2. APhA-ASP also commends those states which have supportive pharmacy personnel guidelines and encourages them to strictly enforce the guidelines.

### **1985.6 - Pharmacist Involvement in Home Health Care**

APhA-ASP strongly encourages pharmacists to participate in home health care opportunities and increase their involvement in all aspects of home health care.

### **1986.2 - Re-entry of the Impaired Student Pharmacist**

APhA-ASP supports that schools and colleges of pharmacy should institute or seek the establishment of administrative procedures which allow re-entry of impaired student pharmacists who have successfully completed recognized treatment and rehabilitation programs and are undergoing follow-up care.

### **1986.3 - Involvement of the Pharmacist in Discharge Counseling**

APhA-ASP urges pharmacists to seek a more active role in the counseling of patients concerning drug therapy upon discharge from institutional settings.

### **1986.4 - Acquired Immune Deficiency Syndrome (AIDS)**

APhA-ASP supports and encourages education of its members and the public on the facts about Acquired Immune Deficiency Syndrome (AIDS) and its precursor Human Immunodeficiency Virus (HIV).

### **1986.5 - Worldwide, Nonrestrictive Childhood Immunization**

APhA-ASP actively supports the goal of worldwide, nonrestrictive childhood immunization against polio, measles, whooping cough, diphtheria, tetanus, and tuberculosis.



## ACTIVE RESOLUTIONS

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### **1987.1 - Physician Dispensing**

APhA-ASP supports legislation that requires prescribers who dispense to do so under the same legal and professional responsibilities as a licensed pharmacist.

### **1987.2 - Education and Training with Oncolytic Agents**

1. APhA-ASP encourages adequate education and training of all personnel involved with or who have responsibility for oncolytic drugs.
2. APhA-ASP supports policies that would prevent untrained personnel from preparing and administering oncolytics except under proper and direct supervision.

### **1987.3 - Education on Abused Substances**

APhA-ASP supports and encourages the development of student programs to educate its members on abused substances.

### **1987.4 - Student Pharmacist Support of Patient Education Programs**

APhA-ASP supports and promotes the involvement of student pharmacists in programs which enhance and direct the necessary skills to become qualified counselors and information sources to patients.

### **1987.6 - Hospice Care**

1. APhA-ASP supports the goals and programs provided through hospice care, including freedom from pain, the choice of living arrangements, and death with dignity.
2. APhA-ASP encourages pharmacists to become active members of the hospice care team.

### **1988.1 - Encouraging Involvement in Government Affairs**

APhA-ASP supports and encourages pharmacists and student pharmacists to become actively involved in legislative and regulatory activities at the local, state, and national levels on issues concerning health care.

### **1988.2 - Pharmacists' Involvement in Third Party Program Reimbursement Policies**

APhA-ASP encourages the direct involvement by pharmacists in determining adequate reimbursement policies with third party programs.

### **1988.3 - Low Interest Loan Program through APhA**

APhA-ASP strongly urges APhA to establish a low interest loan program to provide financial assistance to APhA-ASP members.

### **1988.6 - Accessibility and Service to the Disabled**

APhA-ASP encourages pharmacists and student pharmacists to increase their awareness of the special needs of the disabled and to take special measures to increase accessibility and/or to provide better services to the disabled.

### **1989.1 - CPR Certification for Pharmacists**

APhA-ASP encourages pharmacists and student pharmacists to obtain and maintain certification in cardiopulmonary resuscitation (CPR) while actively engaged in the practice of pharmacy.

### **1989.2 - Sale of Tobacco Products in Pharmacies**

APhA-ASP strongly discourages the sale of tobacco products in pharmacy practice settings.



## ACTIVE RESOLUTIONS

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### **1989.3 - Intravenous Drug Abuse Education**

APhA-ASP endorses further development and implementation of educational programs by the profession of pharmacy for the public concerning diseases associated with intravenous drug abuse.

### **1989.4 - Expansion of Internship/Externship Opportunities**

1. APhA-ASP encourages schools of pharmacy to further develop non-traditional internship/externship sites.
2. APhA-ASP recommends that state boards of pharmacy recognize experiences gained in these non-traditional sites as fulfillment toward candidacy for licensure.

### **1989.6 - Pharmacist Awareness of Bioequivalence Issues**

APhA-ASP encourages pharmacist education and awareness of bioavailability/bioequivalence issues in drug product selection.

### **1989.7 - Patient's Right to Choose Health Care Professionals**

APhA-ASP strongly supports the right of patients to freely choose their own health care professionals.

### **1990.1 - Student Input into AACP Activities**

1. APhA-ASP encourages AACP to solicit student pharmacist input regarding the curricula of all schools and colleges of pharmacy.
2. APhA-ASP requests the APhA-ASP National Executive Committee to explore mechanisms to facilitate communication between student pharmacists and AACP.
3. APhA-ASP strongly encourages student pharmacists to actively participate in the AACP Annual Meeting.

### **1990.3 - Rebates to Pharmacies**

APhA-ASP discourages the practice of offering premiums, rebates, discounts, or coupons that undermine the value of cognitive services provided to patients.

### **1990.4 - Generic Drug Information and Patient Education**

1. APhA-ASP encourages the profession of pharmacy to educate the public about the appropriate use of generic drugs.
2. APhA-ASP strongly encourages manufacturers and distributors of generic drug products to provide complete and valid information to pharmacists for use in their roles in drug product selection and patient education.

### **1990.5 - Pharmacist-Patient Contact**

1. APhA-ASP encourages face-to-face contact between patients, patients' agents, and pharmacists in all pharmacy practice settings.
2. APhA-ASP opposes the imposition of health benefits programs which preclude face-to-face interaction between patients and pharmacists.

### **1990.6 - Accumulation of Internship Hours**

APhA-ASP encourages all state boards of pharmacy to recognize internship hours accumulated during employment while enrolled in classes.

### **1990.10 - Preceptor Training Program**

APhA-ASP should work with colleges of pharmacy and/or state pharmacy associations in order to develop objectives for pharmacy preceptors to use as guidelines for training.



## ACTIVE RESOLUTIONS

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### **1991.2 - Chemical Dependency**

1. APhA-ASP encourages each school and college of pharmacy, in conjunction with the pharmacy recovery program in the state, to develop and implement a program to ensure awareness about and provide assistance to student pharmacists whose ability to perform has been compromised due to chemical dependency or other causes.
2. APhA-ASP recommends that such programs include, but not be limited to, education, an evaluation process ensuring confidentiality, a mechanism for enrolling student pharmacists in the state pharmacist recovery program, and an appropriate mechanism for assisting in the re-entry process.

### **1991.3 - Medication Distribution Systems**

APhA-ASP opposes corporate or professional medication distribution systems which present barriers to the pharmacist-patient relationship.

### **1991.4 - Patient Counseling Practice Standards**

APhA-ASP supports research to identify practice standards regarding appropriate patient counseling activities, to facilitate such activities, and to investigate minimal counseling standards for pharmacist licensure by state boards of pharmacy.

### **1992.1 - HIV Testing of Pharmacists and Student Pharmacists**

1. APhA-ASP supports voluntary and confidential HIV testing of pharmacists and student pharmacists.
2. APhA-ASP opposes mandatory HIV testing of pharmacists and student pharmacists.
3. APhA-ASP encourages the development of support networks and other efforts to assist HIV-positive health care professionals and health care students.

### **1992.2 - Appropriate Counseling Environment in Pharmacies**

APhA-ASP encourages the development and use of responsible and effective pharmacy facility design that allows for convenient, comfortable, and private pharmacist-patient communications.

### **1992.3 - Recycling of Pharmaceutical Packaging**

APhA-ASP supports aggressive research and development by pharmacists, pharmaceutical manufacturers, waste product managers, and other appropriate parties of mechanisms to increase recycling of non-hazardous pharmaceutical packaging materials and to reduce unnecessary waste in pharmaceutical product packaging.

### **1992.7 - Pharmacist Education of Personnel in Residential Care Facilities**

APhA-ASP supports the active involvement of pharmacists in educating personnel employed in residential care facilities regarding the appropriate use and monitoring of medications.

### **1992.8 - Increased Sources of Financial Support for Student Pharmacists' Education**

APhA-ASP supports the increased availability of financial resources, from both existing and new sources, to fund the education of student pharmacists.

### **1993.1 - Reimbursement for Pharmaceutical Care**

APhA-ASP encourages all national and state pharmacy organizations to work with all third party plans, health maintenance organizations, and private health insurers to develop criteria and mechanisms of reimbursement for pharmaceutical care, in particular cognitive services.





## ACTIVE RESOLUTIONS

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### **1993.2 - Interaction and Harmony with Other Student Organizations**

APhA-ASP encourages interaction with other student health profession organizations and harmony among student pharmacy organizations.

### **1993.3 - Equal Access for Patients and Providers**

APhA-ASP strongly supports equal access for patients to providers of health care services and a provider's right to be offered participation in governmental or other third party programs under equal terms and conditions.

### **1993.4 - Provision of Diagnosis and Other Information to Pharmacists**

1. APhA-ASP supports a legal requirement for the provision of diagnosis, lab results, and/or intended therapeutic outcome to accompany prescription orders.
2. APhA-ASP encourages the pharmacists' access to patient information as deemed relevant by the pharmacist for better patient care.
3. APhA-ASP supports the use of International Classification of Diseases (ICD), Clinical Modification (CM) codes on prescriptions to provide efficient patient care.

### **1993.5 - Pharmacists and Healthcare Reform**

1. APhA-ASP encourages APhA to take action to ensure that pharmacy plays an integral part in shaping healthcare reform.
2. APhA-ASP encourages APhA to define the role of pharmacists in a reformed national healthcare system.

### **1993.6 - Status of Pharmacy Interns for the Purpose of Patient Counseling**

APhA-ASP supports the inclusion of pharmacy interns in the definition of "pharmacist" under OBRA '1990 and related state regulations for the purpose of patient counseling, insofar as the intern's actions are under direct supervision of a pharmacist.

### **1993.7 - One-way Valve CPR Ventilation Masks**

APhA-ASP encourages all pharmacies to provide one-way valve CPR ventilation masks for employees trained in CPR to be used during appropriate life support situations.

### **1993.8 - Drug Sample Distribution and Dispensing**

1. APhA-ASP supports the inclusion of the pharmacist into the drug sample distribution system.
2. APhA-ASP supports the creation of mechanisms by APhA to control the distribution and dispensing of physician drug samples.

### **1994.3 - Community-based Health Education Programs**

1. APhA-ASP recommends the utilization of pharmacists in community-based health education programs.
2. APhA-ASP recommends the development of educational programs for student pharmacists and practitioners to prepare them to deliver public education programs.

### **1994.4 - Consistency of Patient Counseling and Pharmaceutical Care**

APhA-ASP recommends regulation to require prescribers to provide complete directions on prescriptions and prescription orders, instead of "take as directed." APhA-ASP also encourages pharmacists to solicit adequate directions from physicians if not provided.



## ACTIVE RESOLUTIONS

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### **1994.6 - Public Education about Pharmaceutical Care**

APhA-ASP strongly recommends the development of a nationwide educational campaign to demonstrate to the public the importance of pharmacists' delivery of pharmaceutical care.

### **1994.7 - Drive Through Pharmacies**

APhA-ASP discourages the use of drive-through pharmacies unless pharmaceutical care can be adequately delivered.

### **1994.9 - Payment for Cognitive Services**

APhA-ASP supports the promotion of pharmacy services by pharmacy practitioners and the reimbursement for these services as embodied by the following concepts:

1. Compensation for achieving increased use of generic drug products.
2. Compensation for therapeutic interchange within formulary guidelines and in consultation with prescribers.
3. Compensation for successfully managing and improving patient adherence with drug therapy.
4. Compensation for case management of selected patient populations.
5. Compensation for pharmacists' intervention throughout the course of continuous therapy, irrespective of where prescription renewals may be obtained.
6. Purchasing assistance to help attain a level playing field in purchasing drug products--without putting existing group purchasing organizations or pharmacy chains at a disadvantage.
7. Direct assistance in achieving greater levels of program compliance and compensation.
8. Professional education programs to increase effectiveness.

### **1994.10 - Professionalization of Student Pharmacists**

APhA-ASP encourages schools and colleges of pharmacy to develop policies and programs that assist in the development of professionalism. APhA-ASP should continue to work with AACP to advance professionalism in student pharmacists and academia.

### **1994.11 - Syringe/Needle Exchange Programs**

APhA-ASP supports needle/syringe exchange programs when part of a comprehensive approach in the prevention of the spread of HIV and other infections. In addition, APhA-ASP supports the education of student pharmacists as to the risks of needle/syringe sharing with respect to the spread of HIV and other infectious diseases.

### **1995.1 - Interdisciplinary Curricula**

APhA-ASP encourages the implementation of curricula involving interaction and teamwork between students from different programs of health care in order to foster appreciation of the unique abilities and perspectives of each profession.

### **1995.2 - Documentation for Cognitive Services**

APhA-ASP supports the development of mechanisms by APhA to be used by pharmacists in documenting cognitive services for purposes of reimbursement.

### **1995.3 - Assuring Quality**

APhA-ASP cautions pharmacists and pharmacy managers against sacrificing the quality of pharmaceutical care for financial benefit and/or time constraints.



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### **1995.6 - Practice Exposure**

APhA-ASP strongly supports programs in which students receive exposure to the various fields of pharmacy during the early years of their professional training.

### **1995.7 - Written Instructions as a Supplement to Verbal Counseling**

1. APhA-ASP supports legislation mandating that all pharmacies, including mail order pharmacies, provide verbal patient counseling when dispensing a prescription.
2. APhA-ASP encourages the use of written instructions as a supplement rather than a replacement for verbal counseling.

### **1995.8 - Verbal Offer to Counsel**

APhA-ASP encourages pharmacists to verbally offer patient counseling to all patients while still recognizing the patient's right to accept or refuse counseling.

### **1996.1 - Tobacco Sales in Pharmacies**

APhA-ASP supports regulations which prohibit the sale of tobacco products in pharmacies.

### **1996.2 - Acceptance of Internship Hours by State Boards of Pharmacy**

APhA-ASP encourages state boards of pharmacy to allow non-traditional pharmacy-related learning experiences to be accepted toward intern hours required for graduation and licensure.

### **1996.5 - Interdisciplinary Experiential Programs**

APhA-ASP supports student pharmacist participation in experiential programs within interdisciplinary health care settings.

### **1996.6 - Consistency in Internship and Externship Experiences**

APhA-ASP supports the formation of a national task force to develop objectives for professional practice during externship and internship training in order to provide consistency in student pharmacist education.

### **1996.7 - Pharmacy Technician National Certification**

APhA-ASP supports mandatory national pharmacy technician certification to ensure a technician's core level of knowledge. Furthermore, APhA-ASP encourages the establishments of guidelines defining the roles of pharmacy technicians.

### **1996.8 - Safety and Efficacy of Alternative Remedies**

APhA-ASP encourages the development of methods for testing the safety and efficacy of alternative remedies. Furthermore, APhA-ASP encourages the development and dissemination of factual information on alternative theory and remedies.



## ACTIVE RESOLUTIONS

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### **1996.10 - Sunsetting Procedures (as amended in 2006)**

APhA-ASP adopts the following procedures for the annual review of academy resolutions:

1. Create three categories for Academy resolutions.
  - a. **Active (A)** - To include resolutions that are representative of the Academy and require ongoing action or are general supportive statements.
  - b. **Inactive (I)** - To include resolutions that are representative of the Academy but require no current action.
  - c. **Archive (R)** - To include resolutions that are not currently representative of the Academy.
2. The APhA-ASP Policy Standing Committee shall be responsible for the annual review and categorization of APhA-ASP resolutions.
3. Previous resolutions that contain the acronym SAPHa or the words American Pharmacists Association Academy of Student Pharmacists shall be replaced with the acronym APhA-ASP or the words American Pharmacists Association Academy of Student Pharmacists.
4. Previous resolutions that contain the term "pharmacy student" shall be replaced with the term "student pharmacist."

### **1996.14 - Patient Care Protocols**

APhA-ASP supports pharmacist therapeutic substitution under appropriate patient care protocols.

### **1996.15 - Pharmacist's Rights**

APhA-ASP supports the restoration of pharmacist's rights that may be precluded by law or tradition.

### **1997.1 - Student Attendance at Professional Meetings**

APhA-ASP urges schools and colleges of pharmacy to accommodate student pharmacist attendance at professional meetings of pharmacy organizations by adjusting exam schedules, allowing make-up exams and excusing class absences.

### **1997.3 - Documentation for Pharmaceutical Care**

APhA-ASP strongly encourages members of the profession to document all pharmaceutical care interventions. This documentation will provide justification for the profession to be compensated for pharmaceutical care interventions.

### **1997.4 - Collaborative Drug Therapy Protocols**

APhA-ASP encourages pharmacists to participate in the establishment and execution of collaborative drug and non-drug therapy protocols with other healthcare providers.

### **1997.5 - Patient-Oriented Pharmacy Experiential Learning**

APhA-ASP recommends that colleges of pharmacy perform a critical evaluation and necessary restructuring of current institutional and ambulatory experiential learning programs to ensure that patient care functions are performed by students under the direct supervision of a pharmacist. These functions include but are not limited to patient assessment and consultation, disease state management, drug monitoring, drug therapy intervention, and documentation of services.

### **1997.6 - Complementary Alternative Therapy Education**

APhA-ASP encourages the inclusion of education on complementary and alternative medicine (CAM) in both pharmacy school curricula and in continuing education programs.



## ACTIVE RESOLUTIONS

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### **1997.7 - State Pharmacy Practice Acts**

APhA-ASP strongly supports the revision of state pharmacy practice acts and requests that APhA actively participate with state legislatures, state boards of pharmacy, and state pharmacy associations in catalyzing these changes to enable pharmacists to provide optimal pharmaceutical care.

### **1997.8 - Use of Alternative Communication Resources**

APhA-ASP supports the development and use of alternative communication resources (e.g., pictograms, TDD, patient's native language, large print materials) to facilitate patient comprehension.

### **1997.10 - Printed Name and Phone Number on Prescriptions**

APhA-ASP shall support a position of prescription reform to require the practitioner's printed name and office phone number on all prescriptions.

### **1997.11 - Student Participation with State Boards of Pharmacy**

APhA-ASP supports and encourages APhA-ASP chapters to appoint representative(s) who shall review state boards of pharmacy meeting agenda items and shall coordinate student attendance and participation at state board of pharmacy meetings in which students should voice opinion.

### **1998.1 - Diversity**

APhA-ASP reaffirms its commitment to active recruitment of minority students to schools and colleges of pharmacy in order to improve quality through diversity.

### **1998.2 - Political Action**

APhA-ASP strongly encourages all members of the profession to increase their political action in support of pharmacy issues at both the state and national level.

### **1998.4 - Immunization Education**

APhA-ASP recommends the inclusion of immunization education and training into the curricula of all schools and colleges of pharmacy.

### **1998.5 - Medication Administration by Pharmacists**

APhA-ASP supports the revision of state pharmacy practice acts in order to authorize pharmacists to administer medications.

### **1998.6 - Antibiotic Use and Adherence**

APhA-ASP encourages the development and implementation of educational programs on the importance of proper antibiotic use and adherence for patients and health care professionals.

### **1998.7 - Safety and Quality of Compounded Products**

APhA-ASP supports the development of guidelines by a group of national compounding experts and pharmacy leaders that would ensure the safety and quality of compounded products.

### **1998.8 - FDA Regulation of Complementary and Alternative Medicines and Dietary Supplements**

APhA-ASP strongly supports FDA regulation of complementary and alternative medicines and dietary supplements to ensure the safety and efficacy of these products.



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### **1998.10 - Standardized Pharmacy Insurance Information**

APhA-ASP supports the development and implementation of a system to standardize prescription insurance information for patients enrolled in any private or public health insurance plan.

### **1998.11 - Professional Autonomy / Conscience Clause**

APhA-ASP supports the professional autonomy of pharmacists and student pharmacists when making decisions with ethical implications.

### **1998.12 - Working Conditions**

APhA-ASP recognizes that patient safety is compromised by poor working conditions and strongly encourages the immediate implementation of systems that improve these conditions.

### **1998.13 - Faculty Pharmacy Practice Experience**

Understanding that learning is a lifelong process, APhA-ASP encourages pharmacy school faculty to participate in programs that are designed to enhance their understanding of current and emerging pharmacy practice.

### **1998.15 - Medical Ethics in Curriculum**

APhA-ASP supports requiring student pharmacists to have education in medical ethics.

### **1998.16 - Affiliation/unification with Organizations on the National, State and Student Level**

APhA-ASP supports and encourages affiliation between professional pharmacy associations at the national, state and student levels.

### **1998.17 - Illicit/Legend Drug Interactions Continuing Education**

APhA-ASP strongly encourages the development of continuing education programs which educate the pharmacist on interactions between illicit and legend drugs.

### **1999.1 - Board of Pharmaceutical Specialties Expansion**

APhA-ASP supports the Board of Pharmaceutical Specialties in its efforts to expand the number of certified specialties.

### **1999.2 - Pharmacists Recognized as Health Care Providers by CMS**

APhA-ASP strongly recommends that federal and state governments recognize pharmacists as health care providers.

### **1999.3 - Internationally Obtained Medications**

APhA-ASP encourages pharmacists to educate the public on health outcomes that may result from the use of internationally obtained medications and medical devices.

### **1999.4 - Tele-Health Prescribing and Dispensing**

APhA-ASP shall support the same level of patient counseling and pharmaceutical care for any drug approved by the FDA, regardless of prescriber source or method of drug distribution, including but not limited to tele-health.

### **1999.5 - Collection of Blood Samples by Pharmacists**

APhA-ASP supports legislation allowing pharmacists to perform procedures to collect blood and other specimens for purposes of screening and monitoring disease states in all practice settings.



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### **1999.6 - Label Accuracy of Complementary Products**

APhA-ASP supports regulation of complementary and alternative medicines (CAM) and dietary supplements to ensure the accuracy of the labeled amount.

### **1999.7 - Anonymous HIV Testing for the Public**

APhA-ASP supports anonymous HIV testing for the public and opposes mandatory name-based reporting of test results.

### **1999.8 - Hosts and Work Site Sponsors for IPSF Student Exchange Programs**

APhA-ASP encourages members of APhA-APPM and APhA-APRS to volunteer as host and work site sponsors for student exchange programs associated with IPSF.

### **1999.9 - Timing of Licensure Examinations**

APhA-ASP supports student pharmacists taking licensure exams prior to graduation and encourages state boards of pharmacy to adopt regulations enabling students to take licensure exams prior to graduation.

### **2000.2 - Disease State Management—Involvement at all Schools and Colleges of Pharmacy**

APhA-ASP supports and encourages student pharmacist involvement in disease state management, including but not limited to anticoagulation, asthma, diabetes, hyperlipidemia, and smoking cessation.

### **2000.3 - Personal Possession of MDIs by Students**

APhA-ASP encourages educational institutions to allow primary and secondary students to have personal possession of their "rescue" medications including, but not limited to, metered dose inhalers (MDIs) at all times provided the students have written authorization from a healthcare provider.

### **2000.4 - Pharmacists' Right to Compound**

APhA-ASP supports the preservation of the pharmacist's right to compound medications appropriate for patient care.

### **2000.5 - Collaborative, Non-Protocol, Post-Diagnostic Prescriptive Authority**

APhA-ASP encourages pharmacist participation in the establishment and execution of non-protocol, post-diagnostic prescriptive authority in collaboration with other health care providers.

### **2000.6 - Pharmacists and Student Pharmacists on Medical Teams**

APhA-ASP supports and encourages the inclusion of pharmacists and student pharmacists in medical teams and on rounds to optimize patient therapy.

### **2000.7 - Pharmacy Law Requirement For Re-licensure**

APhA-ASP encourages that pharmacy law be a required component of continuing education (CE) credits for licensure renewal.

### **2000.8 - Access To Patient-Specific Information**

APhA-ASP supports the right of pharmacists and student pharmacists, in all practice environments, to have access to patient-specific information necessary to achieve optimal therapeutic outcomes.

### **2000.9 - Impact of Pharmaceutical Patient Care and Cognitive Services—Additional Studies**

In order to further the lobbying efforts for pharmaceutical patient care and cognitive services, APhA-ASP encourages additional studies on the impact of these practices.



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### **2000.10 - Use of Computer Generated Prescriptions**

APhA-ASP encourages prescribers to use computers to generate prescriptions in order to increase prescription clarity and accuracy.

### **2001.1 - Curriculum Addressing Special Populations in the Schools and Colleges of Pharmacy**

APhA-ASP encourages all schools and colleges of pharmacy to incorporate into their curriculum pharmacokinetic and therapeutic issues of special populations, including, but not limited to, pediatrics and geriatrics.

### **2001.2 - Legible Prescription Order Legislation**

APhA-ASP encourages the adoption of legislation and/or regulation requiring legible prescription orders.

### **2001.3 - Herbal and Other Dietary Supplement Sign in Pharmacies**

In order to enhance patient awareness, APhA-ASP encourages the appropriate placement of a sign in pharmacies stating, "Herbal products and other dietary supplements may interact or cause harm when used with certain medications and in some health conditions. It is recommended that you discuss the use of these supplements with your pharmacist or other health care provider."

### **2001.4 - Administration Devices-Personal Demonstration during 1<sup>st</sup> Time Dispensing**

APhA-ASP discourages the first time dispensing of any medication requiring an administration device without personal demonstration of proper technique by a pharmacist or other health care provider.

APhA-ASP encourages personal demonstration of proper technique by a pharmacist or other health care provider during the first time dispensing of any medication requiring an administration device.

### **2001.5 - Pharmacists' Voluntary Involvement with the Provision of Emergency Contraceptives**

APhA-ASP supports the voluntary involvement of pharmacists, in collaboration with other health care providers, in emergency contraception programs that include patient evaluation, patient education, and direct provision of emergency contraception medications.

### **2001.6 - Quality of Work Life for Pharmacists and Pharmacy Interns – Breaks**

APhA-ASP supports an environment which encourages pharmacists and pharmacy interns to take at least a 30-minute break when working 6 or more hours.

### **2001.8 - Prescription Voucher In Place of Drug Samples**

APhA-ASP encourages the use of prescription vouchers in place of drug samples by prescribers, which would allow pharmacists to promote safe and effective medication use.

### **2001.9 - Medicare – Outpatient Prescription Coverage**

APhA-ASP supports changes in Medicare to include:

1. Standardized administrative procedures to implement and promote patient access to adequate healthcare.
2. Coverage of drug products for those most in need.
3. Payment for medication therapy management services.

### **2001.10 - New Pharmacy Degrees**

APhA-ASP opposes any new pharmacy degree that allows the dispensing of medications without a registered pharmacist's verification.





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### **2001.11 - Restricted Distribution and Product Licensing Agreements**

APhA-ASP opposes any manufacturer-provider relationship that involves product licensing agreements and restricted distribution arrangements that hamper the patient's ability to gain access to medications and prevents pharmacists from providing pharmaceutical care to their patients.

### **2001.12 - Development of Nationally Recognized Guidelines in Community Service Projects**

APhA-ASP encourages that all APhA-ASP chapter community service activities dealing with disease state management follow appropriate nationally recognized guidelines and collaborate with these disease state organizations in developing these guidelines.

### **2002.1 - Pharmacist and ~~Student Pharmacist~~ Education on Emergency Preparedness**

APhA-ASP strongly supports the education of pharmacists and ~~pharmacy students~~ **student pharmacists** on emergency preparedness and encourages them to take a proactive role in the nation's response to ~~events caused by weapons of mass destruction, accidents or natural disasters~~ **emergencies**.

### **2002.2 - Pharmacists Administering Immunizations**

APhA-ASP encourages APhA and state pharmacy associations to actively pursue legislation and/or the authority that would allow pharmacists and student pharmacists with the proper training or certification to administer immunizations.

### **2002.3 - ~~Pharmaceutical Counseling~~ by Pharmacy Technicians**

APhA-ASP opposes any measure that would allow any pharmacy staff other than the pharmacist/student pharmacist to counsel patients on prescription and non-prescription medication selection and/or use.

### **2002.4 - Prescription Discount Cards**

APhA-ASP opposes the implementation of prescription discount card programs that do not serve the best interests of our ~~nation's~~ patients, pharmacists, and pharmacies.

### **2002.5 - Honor Code Systems**

APhA-ASP encourages students to take an active role in the idea, development and implementation of an honor code in their respective schools and colleges of pharmacy as an affirmation of professional integrity.

### **2002.6 - Pharmacist Portrayal by Media**

APhA-ASP encourages pharmacists to perform various ~~patient-oriented pharmaceutical~~ **patient** care activities when presenting themselves to the media.

### **2002.7 - Certification Programs**

APhA-ASP encourages all schools and colleges of pharmacy to offer training or certification programs, including, but not limited to, immunizations, disease state management and emergency contraception, regardless of each state's pharmacy practice regulations.

### **2002.8 - Intern/Extern Programs**

APhA-ASP encourages institutions and corporations to develop and implement guided intern/extern programs structured to provide an optimal learning experience that better augments the mission and objectives of an accredited Doctor of Pharmacy curriculum.



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### **2002.9 - Exposing Potential Student Pharmacists to the Profession**

APhA-ASP encourages practicing pharmacists and student pharmacists to establish a mentoring program with high schools, colleges, and universities as a means of exposing potential student pharmacists to various aspects of the profession and pharmacy curriculum.

### **2002.10 - Incentive Programs for Areas of Need**

APhA-ASP supports federal and state legislation that provides incentive programs such as educational loan forgiveness for pharmacists that practice in academia and other defined areas of need.

### **2002.11 - Pharmacy Technician Training**

APhA-ASP encourages State Boards of Pharmacy to require all employers of pharmacy technicians to provide training programs including, but not limited to; defining technician roles and responsibilities, third party billing, patient confidentiality, and communication skills.

### **2002.12 - Pharmacy School Enrollment Increases**

APhA-ASP discourages the increase of pharmacy class enrollment without a proportionate increase in faculty, facility size, and educational resources.

### **2002.13 - APhA Mentors**

APhA-ASP encourages the **creation development and implementation** of a mentoring program for student pharmacists, utilizing members of APhA-APPM and APhA-APRS to better inform APhA-ASP members of the benefits and activities of each academy to foster continued involvement in the Association.

**Moved from Inactive**

### **2002.14 - Student Involvement in Pharmacy School Administrative Decisions**

APhA-ASP encourages all schools **and colleges** of pharmacy administrative bodies to actively involve students in key decision making roles that will effect every aspect of their current education, including, but not limited to, curriculum committees, technology committees, and admissions committees.

### **2002.15 - Pharmacists Using Computerized Prescriber Physician Order Entry Systems**

APhA-ASP strongly encourages the prospective use of pharmacists when processing medications using a **Computerized Prescriber Physician** Order Entry system.

### **2003.1 - Medication Errors in the Curriculum**

APhA-ASP encourages all schools and colleges of pharmacy to incorporate into their curriculum instruction regarding procedures and practices to identify, prevent, and appropriately handle medication errors.

### **2003.2 - Medication Error Reporting System**

APhA-ASP encourages the development of and participation in a standardized, pharmacist-initiated, voluntary, non-punitive, and anonymous medication error reporting system.

### **2003.3 - Compensation for Pharmacists' Care Services in the Curriculum**

APhA-ASP reaffirms Resolution 1993.1 and encourages all schools and colleges of pharmacy to provide instruction on how to obtain compensation for pharmacists' patient care services.



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### **2003.4 - White Coat Ceremonies**

APhA–ASP encourages all schools and colleges of pharmacy to implement white coat ceremonies to foster the development of student professionalism as a reaffirmation of APhA–ASP Resolution 1994.10.

### **2003.5 - Emergency Treatment Training for Student Pharmacists**

APhA–ASP encourages all schools and colleges of pharmacy to require training and certification in the latest protocols in emergency treatment, including, but not limited to, the use of automatic external defibrillators, CPR, and anti-choking procedures for adults, children, and infants.

### **2003.6 - Consolidation of Prescriptions at One Pharmacy**

APhA–ASP strongly encourages health care professionals to educate patients about the importance of consolidating their prescriptions at one pharmacy to facilitate improved pharmacist monitoring of therapeutic response, as well as provide for a mechanism to more effectively manage potential interactions.

### **2003.7 - Leadership Development Throughout the Curriculum**

APhA–ASP encourages all schools and colleges of pharmacy to incorporate leadership development throughout the curriculum to encourage and prepare students to become future leaders in the profession of pharmacy.

### **2003.8 - Health Insurance Portability and Accountability Act**

APhA–ASP encourages all schools and colleges of pharmacy to provide students with an understanding of the Health Insurance Portability and Accountability Act (HIPAA) and its implications on patient care and pharmacy practice.

### **2003.9 - ACPE Accreditation Standards and Guidelines for Pharmacy Faculty**

In order to enhance the quality of teaching, APhA–ASP believes that it is necessary for ACPE to implement and enforce more stringent Accreditation Standards and Guidelines for pharmacy faculty to prevent deficient communication and teaching skills.

### **2004.1 - Medication Importation**

APhA-ASP opposes the personal and unlicensed commercial importation of medications unless:

1. The FDA regulates the importation of medications to ensure their safety and efficacy.
2. There is appropriate delivery of patient care including access to a pharmacist licensed in the United States.
3. State boards of pharmacy include “receiving a prescription/order” in their definitions of pharmacy practice, to discourage the involvement of non-licensed entities in facilitating the importation of medications.

### **2004.2 - Pharmacy Benefit Managers**

1. APhA-ASP encourages legislation that would require pharmacy benefit managers (PBMs) to disclose the rationale behind their therapeutic selections including business practices and fiscal implications.
2. APhA-ASP opposes any actions that compromise a patient’s choice of where to receive pharmacy services with equal benefits, co-pays, and access to patient care.

### **2004.3 - APhA-ASP Name Change**

APhA-ASP proposes that the name “American Pharmacists Association Academy of Students of Pharmacy” be changed to “American Pharmacists Association Academy of Student Pharmacists.”

***Moved it Inactive***



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### **2004.4 - Student Position on ACPE Board of Directors**

APhA-ASP encourages the Accreditation Council for Pharmacy Education (ACPE) to create a permanent APhA-ASP student pharmacist position on the ACPE Board of Directors with voting privileges.

### **2004.5 - Cultural Diversity Awareness**

APhA-ASP encourages schools and colleges of pharmacy to offer foreign language and cultural diversity electives that have an emphasis on patient care.

### **2004.6 - Innovative Technology**

APhA-ASP encourages all pharmacy practice sites to provide immediate access to the Internet, Web-based applications, and other forms of information technology that enhance patient care.

### **2004.7 - Student Input on Advanced Pharmacy Practice Experiences**

APhA-ASP encourages schools and colleges of pharmacy to allow student pharmacists to play an active role in expanding experiential opportunities and in choosing advanced pharmacy practice experiences to foster individual career development.

### **2004.8 - Promotional Incentives that Compromise Patient Care**

APhA-ASP opposes the use of one-time promotional strategies or financial incentives by pharmacies that compromise patient care and safety and reaffirms APhA-ASP resolution 2003.6.

### **2004.9 - Pharmacy Residency and Postgraduate Education Funding**

APhA-ASP encourages academic institutions and state and federal legislators to pursue, protect, and maintain funding for pharmacy residencies and other postgraduate education opportunities.

### **2004.10 - Prescription Drug Packaging**

APhA-ASP encourages greater efforts by pharmaceutical manufactures/repackagers to better differentiate prescription drug packaging, in order to prevent unnecessary medication errors.

### **2005.1 - Tort Reform**

APhA-ASP supports legislation that limits the amount of non-economic and punitive damages incurred in malpractice lawsuits filed against pharmacists and other healthcare providers performing their professional duties.

### **2005.2 - Clinical Trials**

APhA-ASP encourages legislation that requires pharmaceutical manufacturers and researchers to disclose the results of all clinical trials regardless of outcome through an independently peer reviewed, publicly accessible, national electronic database.

### **2005.3 - Medication Therapy Management Services**

APhA-ASP recommends that the Centers for Medicare and Medicaid Services (CMS) designate pharmacists as the preferred provider of Medication Therapy Management Services under Medicare Part D, as established by the Medicare Modernization Act of 2003.

### **2005.4 - Lower Cost Medications**

APhA-ASP encourages the development and promotion of educational resources for pharmacists and student pharmacists about assistance programs that provide low-income and uninsured patients access to medications at a reduced cost.



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### **2005.5 - Legislative Education**

APhA-ASP encourages the development of educational programs that foster political awareness and promote legislative action within the profession of pharmacy.

### **2005.6 - Counterfeit Resistant Packaging**

APhA-ASP urges drug manufacturers, repackagers, and distributors to continue to incorporate innovative counterfeit-resistant technology into product packaging.

### **2005.8 - Continuing Medical Education (CME) Credits**

APhA-ASP strongly encourages state boards of pharmacy to accept Continuing Medical Education (CME) credits in addition to Continuing Education (CE) credits.

### **2005.9 - White Coats**

APhA-ASP recommends that only pharmacists and student pharmacists wear white coats in a pharmacy practice setting.

### **2006.1 - Protection of Personal Information**

APhA-ASP supports protecting pharmacist, student pharmacist, and technician personal information (e.g. home address, phone number, e-mail address) from being publicly posted or disclosed by a state board of pharmacy or other professional entities without consent of the individual.

### **2006.2 - Regulating the Sale of Non-Prescription Drugs Used for Producing Illegal Substances**

1. APhA-ASP supports uniform legislation that monitors and regulates the sale of non-prescription drug products used in the production of illegal substances with the potential for abuse such as pseudoephedrine-containing products used for making methamphetamine.
2. APhA-ASP supports legislative, regulatory, and private sector efforts that balance the need for patient/consumer access to medications for legitimate medical purposes with the need to prevent diversion and abuse.

### **2006.3 - Professional Right to Refuse**

1. APhA-ASP recognizes a pharmacist's and student pharmacist's right to refuse to dispense a medication or provide a service for various reasons including, but not limited to, conscientious objection and clinical judgment. APhA-ASP also supports the establishment of systems that protect the patient's right to obtain legally-prescribed and therapeutically appropriate treatment while reasonably accommodating the pharmacist's or student pharmacist's right to refuse.
2. APhA-ASP opposes legislation, regulation, and other policies that compromise a pharmacist's and student pharmacist's right to refuse.

### **2006.4 - Accreditation for Specialty Compounding**

APhA-ASP supports the accreditation of compounding pharmacies, as defined by the Pharmacy Compounding Accreditation Board (PCAB), to ensure the highest standards of product quality and enhance patient safety.



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### **2006.5 - Use of Brand/Trade Name Extension**

1. APhA-ASP discourages the use of brand/trade names for non-prescription drug products that do not contain the active ingredient with which the brand/trade name is commonly associated.
2. APhA-ASP encourages pharmacists and student pharmacists to educate patients about using the Drug Facts panel on non-prescription drug products to avoid confusion associated with brand/trade name extension and misleading labeling in order to improve patient safety.

### **2006.6 - Accessibility of Patient Coverage Issues**

APhA-ASP encourages third-party payers to offer access to personnel throughout a contracted pharmacy's operating hours in order to help resolve patient coverage issues including, but not limited to, the confirmation of patient benefit status and the authorization of payment for services.

### **2006.7 - Regulation of Student Pharmacists' Practice Experience**

1. APhA-ASP encourages state boards of pharmacy to use the title "student pharmacist" to identify all students enrolled in their professional years of pharmacy education in an Accreditation Council for Pharmacy Education (ACPE) accredited program.
2. APhA-ASP encourages state boards of pharmacy and practice sites to allow student pharmacists, based upon their abilities and training, to perform the duties of a pharmacist within the applicable state's scope of practice under a pharmacist's supervision.

### **2006.8 - Public Health Smoking Policies for the Workplace and Public Locations**

APhA-ASP supports the establishment and maintenance of public policy that eliminates tobacco smoking in every workplace and public building for the prevention of disease and illness due to second hand smoke.

### **2006.9 - Written Drug Information Summaries**

APhA-ASP encourages pharmacies to distribute written drug information summaries, if available, for all prescriptions, including refills.

### **2007.1 - Medication Reconciliation**

1. APhA-ASP supports the provision of complete and accurate medication reconciliation to improve health-related outcomes as patients move between practice settings within the continuum of care.
2. APhA-ASP supports pharmacists and student pharmacists as the healthcare provider responsible for the medication reconciliation process.

### **2007.2 - Personal Health Records**

APhA-ASP encourages collaboration between public and private healthcare organizations in the development and use of a standardized, secure, electronic, personal health record system to facilitate continuity of care across all practice settings. This record should include, but not be limited to, current diagnoses, allergies, medication history, laboratory data and immunization history.

### **2007.3 - Media Training**

APhA-ASP encourages all pharmacists and student pharmacists to participate in media training to better represent and promote the profession through media interactions.



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### **2007.4 - Proper Medication Disposal**

1. APhA-ASP encourages the profession of pharmacy, federal and state regulatory agencies, waste management authorities and other appropriate entities to develop and implement standardized guidelines for the proper disposal of unused or expired medications.
2. APhA-ASP encourages pharmacists and student pharmacists to serve as a source of information for the public on the proper disposal of unused or expired medications.

### **2007.5 - Patient's Weight on Prescriptions**

APhA-ASP encourages prescribers to include the patient's weight on the following:

1. Prescriptions for all pediatric patients.
2. Prescriptions for adults in which the dose of medication is determined by the patient's weight.

### **2007.6 - Student Representation in State Pharmacy Associations**

APhA-ASP encourages State Pharmacy Associations to establish a permanent student pharmacist position(s) on their Board of Directors as a voting member(s).

### **2007.7 - Automated External Defibrillators (AEDs) in Pharmacies**

APhA-ASP encourages pharmacies to have an Automated External Defibrillator (AED) that is readily accessible to the public.

### **2007.8 - Disclosure of Accreditation Status**

APhA-ASP recommends that regional accrediting bodies, federal and state regulatory agencies or other appropriate entities for higher education take a more active role in monitoring the accreditation status of schools and colleges of pharmacy. APhA-ASP further recommends that these entities examine the communications of schools and colleges of pharmacy to ensure the accurate disclosure of their accreditation status and its implications to current and prospective student pharmacists.

### **2007.9 - State Board of Pharmacy**

APhA-ASP recognizes the need for a board of pharmacy in each state to regulate the practice of pharmacy and ensure proper patient care.

### **2008.1 - Poison Control Centers Hotline**

APhA-ASP encourages all manufacturers of non-prescription medications, dietary supplements and herbal products to include the US Poison Control Centers' toll free number (1-800-222-1222) on all labeling/packaging.

### **2008.2 - Health Literacy**

APhA-ASP encourages pharmacists and student pharmacists to actively incorporate health literacy assessment into the development and implementation of each patient care plan.

### **2008.3 - Residency and Postgraduate Training**

1. APhA-ASP supports the Joint Commission of Pharmacy Practitioners (JCPP) vision that pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.
2. APhA-ASP encourages PharmD graduates to pursue postgraduate training as a means to achieve this vision.
3. APhA-ASP encourages public and private efforts to create additional and diverse residency and other postgraduate training programs to ensure availability for all PharmD graduates.



## ACTIVE RESOLUTIONS

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### **2008.4 - International Medical Aid**

APhA-ASP encourages international medical aid organizations to include pharmacists and student pharmacists as part of the medical team in order to optimize therapeutic outcomes. Furthermore, APhA-ASP highly encourages pharmacists and student pharmacists to become actively involved in international aid efforts.

### **2008.5 - Medication Distribution Systems**

APhA-ASP supports a strong pharmacist-patient relationship in the delivery of patient care throughout all medication distribution systems, including but not limited to, mail order pharmacy, internet pharmacy and drive-through pharmacy.

### **2008.6 - National Controlled Substances Registry**

APhA-ASP reaffirms APhA-ASP Resolution 2006.2 and furthermore supports the implementation of a national electronic controlled substances registry in an effort to balance the need for patient access to prescription medications for legitimate medical purposes with the need to prevent diversion and abuse. This registry should be accessible by all healthcare professionals.

### **2008.7 - ~~Nationwide Assessment of Pharmacy Education Resources~~ Expansion of Schools and Colleges of Pharmacy**

APhA-ASP encourages pharmacy education stakeholders (e.g. professional pharmacy organizations, accrediting bodies, deans, etc.) to develop and implement a nationwide analysis to determine the availability of pharmacy faculty, preceptors, and experiential sites, relative to the creation and expansion of schools and colleges of pharmacy.

### **2008.8 - Innovative Pharmacy Practice Model**

APhA-ASP supports efforts and the allocation of resources from state and federal governments, pharmacy organizations, and private entities to transition the practice of pharmacy from a product-centered to a patient-centered business model.

### **2009.1 - Appropriate Labeling for Acetaminophen-Containing Products**

APhA-ASP recommends use of full drug names such as the term “acetaminophen” rather than abbreviations such as “APAP” on all patient labels and associated packaging for prescription medication in order to reduce the likelihood of overdoses and adverse events.

### **2009.2 - Supplemental Print and Electronic Health Information**

APhA-ASP encourages pharmacists and student pharmacists to provide guidance to patients seeking publicly available sources of supplemental health information.

### **2009.3 - Meeting Preceptor Demands of Experiential Education**

APhA-ASP encourages pharmacy education stakeholders (e.g. professional pharmacy organizations, local and national accrediting bodies, schools and colleges of pharmacy) to offer programming that encourages and guides student pharmacists and existing pharmacists to become preceptors in the future.

### **2009.4 - Public Awareness Campaign for Pediatric Non-Prescription Medications**

APhA-ASP encourages regulatory agencies, professional pharmacy organizations, consumer-advocate groups, and other stakeholders to develop and implement a public awareness campaign that encourages parents and guardians to consult their pharmacist regarding the appropriate use of non-prescription medications in pediatric populations.





## ACTIVE RESOLUTIONS

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### **2009.5 - Practice-Based Research Networks (PBRNs)**

1. APhA-ASP supports the expansion of Practice-Based Research Networks (PBRNs) as a means to evaluate and provide outcomes data for effective health care practices, including but not limited to, the value of pharmacist-provided patient care services.
2. APhA-ASP encourages governmental and regulatory agencies, research foundations, and other related entities to develop mechanisms that facilitate increased participation of pharmacists in PBRNs.
3. APhA-ASP recommends that schools and colleges of pharmacy integrate outcomes-based research skills and competencies into the pharmacy curriculum in order to facilitate the involvement of student pharmacists in PBRNs after graduation.

### **2009.6 - Health Care Reform**

APhA-ASP supports reform of the U.S. health care system and believes that this reform must provide:

1. Universal coverage for pharmacy service benefits that includes both medications and pharmacist-provided patient care services.
2. Specific provisions for access to and payment for pharmacist-provided services.
3. The right for every American to choose his or her own provider of medications and pharmacist-provided services.
4. Quality improvement mechanisms to substantiate and advance the effectiveness of medications and pharmacist-provided services.
5. Opportunities for pharmacists and student pharmacists to collaborate with policymakers and other health care professionals in order to create a system that ensures comprehensive services across the continuum of care.

### **2009.7 - Nationwide Assessment of Introductory Pharmacy Practice Experiences**

1. APhA-ASP supports the development and utilization of a nationally-defined set of competencies to assess the successful completion of introductory pharmacy practice experiences (IPPE). APhA-ASP believes that these competencies should reflect the professional knowledge and skills necessary for entry into advanced pharmacy practice experiences (APPE).
2. APhA-ASP further advocates for the inclusion of student pharmacists in the development of these competencies.

### **2009.8 - Behind-the-Counter (BTC) Status of Certain Medications**

1. APhA-ASP recommends the FDA and other appropriate agencies establish a third class of medications entitled "Behind-the-Counter" (BTC), consisting of medications identified as safe and effective with pharmacist intervention and supervision. This class of medications will be prescribed and monitored by pharmacists.
2. APhA-ASP encourages all pharmacists and student pharmacists to acquire and utilize the appropriate resources in accordance with current, evidence-based clinical practice guidelines, in the use of this class of medications.

### **2010.1 - Pharmacists' Right to Privilege**

APhA-ASP supports the legal right of a pharmacist to refuse to testify in a trial or other legal proceeding about any statement made to him/her by a patient, on the basis that communications within the pharmacist-patient relationship are confidential.



## ACTIVE RESOLUTIONS

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### **2010.2 - Substance Abuse Education**

APhA-ASP supports pharmacist and student pharmacist involvement in substance abuse education for prescribers and other health care professionals, patients, and the public to decrease and prevent substance abuse. This education may include, but is not limited to, abuse of prescription, OTC, and herbal medications, alcohol, nicotine, and illicit drugs.

### **2010.3 - E-Prescribing and Computerized Prescriber Order Entry (CPOE) Systems**

1. APhA-ASP encourages the use of e-prescribing and Computerized Prescriber Order Entry (CPOE) systems that improve patient care.
2. APhA-ASP encourages the development of standardized and interoperable e-prescribing and CPOE systems that reduce medication errors, ensure secure transmission of prescriptions and patient information, and improve workflow for prescribers and pharmacy personnel.
3. APhA-ASP encourages pharmacists, student pharmacists, pharmacy associations, and boards of pharmacy, in collaboration with prescribers, to take an active role in the development, regulation, and integration of e-prescribing and CPOE systems. APhA-ASP also encourages these stakeholders to take part in studies that continually evaluate and improve the safety and security of e-prescribing and CPOE systems.
4. APhA-ASP encourages that state and federal regulatory agencies update regulations to allow for the transmission of controlled substance (CII – CV) prescriptions through e-prescribing and CPOE systems.
5. APhA-ASP supports e-prescribing and CPOE systems that are cost-effective and do not place a disproportionate financial burden on pharmacies.
6. APhA-ASP encourages the development of education and training programs to enhance prescriber, pharmacist and all other users understanding of e-prescribing and CPOE systems.

### **2010.4 – Standardization of Student Pharmacist Internship Requirements**

APhA-ASP encourages the National Association of Boards of Pharmacy (NABP), state boards of pharmacy, and other stakeholders to standardize student pharmacist internship requirements for pharmacist licensure.

### **2011.1 - Pharmacist Inclusion in State and Federal Loan Repayment Programs**

APhA-ASP encourages all federal and state government loan repayment and loan forgiveness programs to provide pharmacists with equal access and opportunities as other health care professionals.

### **2011.2 - Pharmacists as Providers**

1. APhA-ASP supports legislation that recognizes pharmacists as providers under Medicare Part B.
2. APhA-ASP encourages pharmacists to obtain a National Provider Identifier (NPI) number in order to receive compensation for clinical services.
3. APhA-ASP encourages student pharmacists to obtain a National Provider Identifier (NPI) number for the purpose of, but not limited to, preparing for its use to receive compensation for clinical services upon entry into the profession.
4. APhA-ASP encourages the creation and uptake of billing codes for pharmacists' services that are recognized by all stakeholders and result in direct compensation for the provision of clinical services.



## ACTIVE RESOLUTIONS

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### **2011.3 - Advancement of Medication Therapy Management (MTM) Services**

1. APhA-ASP supports the implementation of MTM education adapted from best practices into both didactic and experiential curricula in all schools and colleges of pharmacy.
2. APhA-ASP supports legislation to recognize pharmacists as the primary providers of MTM services within the health care team.
3. APhA-ASP encourages pharmacist employers to provide pharmacists with critical tools and support necessary for MTM services, which includes, but is not limited to staffing, physical space, work flow, technology, and resources.
4. APhA-ASP encourages all stakeholders, including but not limited to, employers, pharmacies, health-systems, and third party payors, to develop a compensation model for pharmacist-provided MTM services that is both financially viable and in the best interest of patients.

### **2011.4 – Regional Poison Control Centers**

APhA-ASP advocates upholding and maintaining Regional Poison Control Centers (PCCs) throughout the country.

# **APhA-ASP**

## **Inactive Resolutions**

**Resolutions that are representative of the Academy  
but require no current action**



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**1973.16 - Manufacturers Clinical Safety and Efficacy Tests**

The Committee further recommends that APhA-ASP advocate that each manufacturer make a summary of the results of the test concerning the clinical safety and efficacy of his product readily available to the medical and pharmaceutical professions for the purpose of making an intelligent decision concerning the efficacy of this product.

**1973.21 - Recruitment Programs - Local Chapters**

The Committee recommends the immediate establishment of recruitment programs at each local chapter as part of its internal structural program.

**1973.26 - Guidelines for OTC Drug Advertising**

The Committee recommends that APhA-ASP officially publicize in letters to the proper people (i.e., FTC, the Federal Communications Committee, and the Proprietary Association) the following guidelines for OTC drug advertising:

1. That advertising should not be DECEPTIVE.
2. That advertising should not define a need that does not exist in a medical sense and should not create a new need. Also, the needs must be pre-existing and a known diagnosis present in the consumer's mind.
3. That advertising should be factual. By this, it is meant:
  - a. Medically truthful.
  - b. The message of pills should be as medicines with a specific purpose and not as a cure-all panacea.
  - c. Disease is a serious thing and treating disease is also serious; so the mode of projecting medicines on television should be a serious one.
  - d. That a statement similar to, "If you are presently using any medications, consult your pharmacist or physician before using our product," should be included on each OTC product label and OTC drug advertisement.
  - e. That the pharmacist should be promoted as the member of the health care team most accessible for information concerning OTC drugs.

**1973.27 - OTC Drug Advertising Codes**

The Committee recommends that APhA-ASP officially recognize and support the changes to the advertising codes as improvements in the hope that OTC drug advertising will conform with the intent of the changes made.

**1973.29 - APhA Handbook of Nonprescription Drugs**

The Committee recommends that APhA-ASP suggest to NABP that an edition of the APhA Handbook of Nonprescription Drugs be a mandatory volume in the library of every pharmacy as a requirement for re-licensure.

**1974.28 - International Pharmaceutical Students Federation**

The Committee recommends that APhA-ASP maintain its relationship with IPSF, especially the student exchange programs.

**1974.29 - Accreditation of Specialty Areas in Pharmacy**

The Committee recommends that APhA-ASP endorse the accreditation of specialty areas in pharmacy such as radiopharmacy.

**1975.2 - Meeting of Old and New Members**

The Committee recommends that a time be scheduled during the Annual Meeting for a meeting of old and new committee personnel at which time discussion concerning not only the present standing and future direction of the committee, but also understanding the role of that committee as a part of the national APhA-ASP structure, should occur.



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**INACTIVE RESOLUTIONS**

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**1975.5 - Explanation of the Policy Mechanism**

The Committee recommends that an explanation of the policy mechanism occur as an annual event at all regional meetings whereby APhA-ASP chapter members will be made aware of this mechanism, as well as the Policy Manual.

**1975.8 - Standing Committees and Task Force Functions**

The Committee recommends that the other standing committees and task forces of APhA-ASP be action committees to carry out projects, provide service to members, and to implement APhA-ASP policy.

**1975.11 - Polygraph Tests Administration**

The Committee recommends that APhA-ASP oppose the administration of polygraph tests to pharmacists and pharmacy interns by prospective employers.

**1975.12 - Polygraph Tests - Submission**

The Committee recommends that pharmacists and pharmacy interns should not submit themselves to polygraph tests when administered by current or prospective employers.

**1975.13 - Statement on Continuing Competence**

The Committee recommends that APhA-ASP support the following statement of the APhA/AACP Task Force Report on Continuing Competency in Pharmacy: "when adequate standards for continuing competence have been developed, and when appropriate and valid techniques for measurement and evaluation of professional competence have been devised, demonstrated proof of continuing competence should be a requirement for re-licensure."

**1976.2 - Capitation Funding**

APhA-ASP supports the discontinuation of federal funding to colleges of pharmacy which is based on student enrollment, in support of a system which is without a mandatory student payback provision, and in which funding is justified on a case-by-case basis to ensure quality education for the nation's student pharmacists.

**1977.4 - Student Member of the APhA Board of Trustees**

APhA-ASP actively pursues the addition of a voting student member on the APhA Board of Trustees.

**1977.5 - Pharmacist Prescribing**

APhA-ASP supports the concept of the pharmacist's active role in the selection of the therapeutic agent.

**1978.3 - Student Delegates to the APhA House of Delegates**

APhA-ASP urges that the APhA Bylaws be modified to allow APhA student members to serve as delegates to the APhA House of Delegates to represent state pharmaceutical associations.

**1979.1 - Computers in Pharmacy School**

APhA-ASP encourages the incorporation in every pharmacy school of an exposure to computer knowledge and use.

**1979.2 - Pharmacists in Government-Supported Health Care Programs**

APhA-ASP strongly urges the employment of a full-time pharmacist to assure the delivery of comprehensive pharmaceutical service in all government-supported health care programs.

**1979.3 - Calculator Use during Pharmacy Licensure Examinations**

APhA-ASP recommends that examinees be allowed to use electronic calculators on all state board of pharmacy licensure examinations.



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**1979.4 - CPR / First Aid Course in the Pharmacy Curriculum**

APhA-ASP strongly urges that mandatory training in emergency treatment include CPR in every pharmacy school curriculum.

**1979.7 - Penalties for Pharmacy Homicide**

APhA-ASP urges the introduction of legislation ensuring the most severe punishment for criminals convicted of murder in the act of pharmacy robberies.

**1980.2 - Incorporation of Geriatric Courses in Pharmacy School Curricula**

APhA-ASP encourages that a stronger emphasis be placed on geriatric pharmaceutical sciences in areas such as pharmacokinetics, biopharmaceutics, and clinical and ambulatory care in pharmacy school curricula.

**1980.4 - Availability of Information on Accidental Contact of Parenteral Drugs with the Body**

APhA-ASP strongly recommends that pharmaceutical manufacturers and pharmacists provide information on the effects and treatment of inadvertent contact of parenteral drugs with the eyes, mucous membranes, and skin.

**1981.3 - Teaching of Communication Skills**

APhA-ASP encourages that a stronger emphasis be placed, within pharmacy school curricula, on providing adequate levels of training and competency in the communication skills necessary for all pharmacy practice settings.

**1981.6 - Prescription-Only Classification of Exempt Narcotics**

1. APhA-ASP discourages the classification of Schedule V drugs as prescription-only products.
2. APhA-ASP supports and encourages the continuing use of professional discretion by pharmacists when dispensing schedule V drug products.
3. APhA-ASP recommends that this matter be referred to the APhA Board of Trustees for possible policy consideration.

**1982.1 - Establishment of Community Practice Residencies**

APhA-ASP strongly supports the establishment of clinical residencies in community practice settings as a means of improving the quality of pharmaceutical services, improving communication skills, and upgrading the knowledge and practice of the pharmacist. It is recommended that APhA be responsible for the formulation and implementation of such a program.

**1982.2 - Pharmaceutical Services in the Military**

1. APhA-ASP strongly urges that a review of pharmacy practice requirements in the military be expeditiously undertaken and that prompt revisions be adopted that will bring a consistent quality of pharmaceutical service to the military sector.
2. APhA-ASP also urges that realistic manpower authorizations be developed to permit complete and effective implementation of such basic and clinical pharmaceutical services.

**1982.6 - Enforcement of Labeling and Packaging Requirements**

APhA-ASP encourages equal enforcement of existing legislation and regulations regarding the proper labeling and packaging of therapeutic agents by prescribers and/or dispensing within the entire medical community.

**1983.1 - Safety and Antineoplastic Agents**

APhA-ASP supports and encourages the posting of an established protocol covering the handling and dispensing of antineoplastic agents to ensure optimum safety for personnel.



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**1983.4 - NAPLEX Score Transfer**

APhA-ASP urges those jurisdictions not participating in NABP NAPLEX Score Transfer Program to begin doing so as soon as possible.

**1984.10 - Continuing Education**

1. APhA-ASP encourages pharmacists to recognize their professional responsibility to improve and maintain their professional competency throughout their career.
2. Be it further resolved that this resolution be transmitted to APhA's Bylaws Revision Committee for its information and consideration.

**1984.11 - Student Input on Educational Issues**

1. APhA-ASP urges the pharmacy faculty and deans to seek a more active role in making students increasingly aware of education issues.
2. APhA-ASP urges the utilization of the Student APhA-AACP liaison committee as a means of facilitating the exchange of information and ideas concerning pharmacy education.

**1984.12 - Hypodermic Syringe Control**

APhA-ASP strongly recommends that all state boards of pharmacy in conjunction with APhA look at possible alternatives for the control of the sale and distribution of hypodermic syringes to the general public.

**1984.13 - Student Member to the Board of Trustees**

Be it resolved that APhA-ASP reaffirms its support for the addition of a student member on APhA Board of Trustees.

**1985.2 - Expanded Roles for APhA-ASP Delegates**

The members of APhA-ASP encourage the APhA-ASP National Executive Committee to reevaluate the role of the delegates and alternate delegates elected at the Midyear Meetings and the intent of The White Paper.

**1985.4 - Polygraph, Psychological, and Drug Screen Testing**

1. APhA-ASP opposes the use of polygraph, in-depth psychological, and drug screen examinations as a component of the decision for determining initial or continuing employment for pharmacists and interns.
2. APhA-ASP also strongly reaffirms resolutions 1975.11 and 1975.12 regarding polygraph testing.

**1986.1 - Drug Diversion and Differential Pricing**

1. APhA-ASP supports and commends the efforts for APhA to amend the Nonprofit Institutions Act to restrict the benefits of this act to those institutions which are charitable (as defined by such Act) and which use the Nonprofits Institutions Act benefits strictly for the patients being treated within the institutions themselves.
2. APhA-ASP encourages its members to familiarize themselves with this issue and seek to broaden the awareness of the public of the dangers of the violations of the Nonprofits Institutions Act.

**1987.5 - Maintenance of Patient Profiles**

APhA-ASP supports the concept of maintaining appropriate patient profiles.

**1988.4 - Supervision of Pharmacy Interns**

APhA-ASP strongly encourages strict enforcement of direct and immediate supervision of pharmacy interns.





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**1989.5 - Sale of Alcoholic Beverages in Pharmacies**

APhA-ASP reaffirms existing policy, passed in 1980, recommending that sales of alcoholic beverages in pharmacy practice settings be prohibited except by prescription.

**1990.2 - Facsimile Transmission of Prescription Orders**

APhA-ASP encourages state boards of pharmacy to develop regulations governing the use of facsimile devices in pharmacy practice settings, with regard to such issues as verification of source of order, quality of facsimile transmission, and appropriate use with prescription orders for controlled substances.

**1990.7 - United States Membership in the International Pharmaceutical Students' Federation**

APhA-ASP requests the APhA-ASP National Executive Committee to develop a strategic plan to reassume its role as the U.S. and Puerto Rico representative to the International Pharmaceutical Students Federation (IPSF).

**1991.1 - Single Degree in Pharmacy**

1. APhA-ASP supports a new Doctor of Pharmacy degree as the sole degree granted to student pharmacists following the successful completion of their course of study.
2. APhA-ASP supports the active involvement of student pharmacists with ACPE and schools and colleges of pharmacy in the development of traditional and non-traditional Doctor of Pharmacy programs and curricula.

**1991.5 - Educational Loan Deferment**

APhA-ASP supports the deferment of educational loan payments of student pharmacists during residency, fellowship or other post-graduate training programs.

**1992.6 - Support of the Joint Statement on the Entry-Level Doctor of Pharmacy Degree**

APhA-ASP supports the joint statement on the new entry-level degree for pharmacy issued by APhA, ASHP, and NCPA.

**1992.10 - Public Health Awareness Programs**

APhA-ASP encourages the active participation of pharmacists in health awareness programs for the purpose of educating the public.

**1993.9 - Introductory Clerkship Prior to Advanced Study**

APhA-ASP supports the incorporation of a clinical rotation in all Doctor of Pharmacy programs before the start of advanced study.

**1994.1 - APhA Summer Internship Program**

APhA-ASP encourages the development of an APhA summer internship program and/or an APhA on-site rotation.

**1994.5 - Licensure of Mail Order Pharmacies**

APhA-ASP supports legislation mandating that mail order pharmacies be licensed in every state in which their products are utilized.

**1994.8 - Pharmacist Prescribing Authority**

APhA-ASP supports the formation of a Task Force to study the costs and benefits of a) allocating to the pharmacist the authority to prescribe; b) allocating to the pharmacist the authority to approve refills in defined situations; and c) assisting in patient utilization of therapeutic agents and devices.



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**INACTIVE RESOLUTIONS**

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**1994.2 - Sexual Harassment**

1. APhA-ASP recommends all work environments and educational settings have a written policy on sexual harassment prevention and grievance procedures.
2. APhA-ASP recommends that every employer institute a sexual harassment awareness education and training program for all employees.

**1995.4 - Guidelines for Pharmaceutical Care**

APhA-ASP encourages APhA to develop guidelines for pharmaceutical care, including OBRA 1990 provisions for patient counseling.

**1995.5 - Parenteral Laboratories**

APhA-ASP recommends that all schools and colleges of pharmacy introduce parenteral instruction and laboratories into curricula to facilitate hands-on learning.

**1995.9 - E-mail Communication**

APhA-ASP chapters should encourage the implementation of an electronic mail system to facilitate communication among chapters and the national APhA-ASP office.

**1995.11 - Principles of Practice for Pharmaceutical Care Adoption**

APhA-ASP supports the adoption of the Principles of Practice for Pharmaceutical Care as developed by APhA.

**1996.3 - Computerized NAPLEX Testing**

APhA-ASP supports NABP in providing a computerized sample testing program that is representative of NAPLEX. Furthermore, APhA-ASP encourages schools of pharmacy to provide readily accessible computers for NAPLEX testing preparation.

**1996.4 - Standardized Patient Information**

APhA-ASP encourages all pharmacists to implement a mechanism to obtain standardized patient information in order to provide adequate pharmaceutical care to patients and decrease medication errors.

**1996.9 - Evaluation of Comprehension of Continuing Education**

APhA-ASP encourages that a portion of continuing education credits be obtained through participation in live programming or through interactive multimedia programs. Furthermore, APhA-ASP recommends the evaluation of a participant's comprehension of the presented material before continuing education credit is awarded.

**1996.12 - Regional Officer Responsibilities**

APhA-ASP adopts the APhA-ASP Regional Officer Responsibilities.

**1996.13 - APhA-ASP National Officer Elections**

APhA-ASP adopts the regulations and procedures for the APhA-ASP national officer elections.

**1997.2 - Involvement in the International Pharmaceutical Students Federation**

APhA-ASP shall reaffirm its commitment to membership and affiliation with IPSF. Furthermore, APhA-ASP strongly encourages chapters to become more actively involved in IPSF by increasing communication between the National Student Exchange Officer and the chapters through their respective APhA-ASP Regional Member-at-Large. This involvement may include, but is not limited to, student exchanges, textbook exchanges, AIDS awareness, IPSF Congress, and village concept projects.



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**INACTIVE RESOLUTIONS**

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**1997.9 - Inclusion of Disease State/Intended Use on Prescriptions**

APhA-ASP shall support a position of prescription reform to include the indication for use/disease state of the prescribed medication, possibly in coded format (e.g., ICD-9 format), on all prescriptions in order to allow the pharmacist or student pharmacist to provide more effective patient care.

**1998.3 - OTC Medications and Labeling**

APhA-ASP recognizes the importance of pharmacists in educating the public on the use of OTC medications and encourages the FDA to appropriately recognize this role on OTC product labeling.

**1998.9 - Computer Literacy**

APhA-ASP strongly encourages all schools and colleges of pharmacy to recognize the importance of computer literacy and to provide adequate access and equipment to students by incorporating computer education courses into pharmacy school curricula.

**1998.14 - The IPSF Neema Project**

APhA-ASP strongly supports the involvement of APhA-ASP members in the IPSF Neema Project in order to promote pharmaceutical care worldwide.

**1998.18 - Insurance Claim Pharmacy Service Code**

APhA-ASP should actively endorse and support obtaining a place of service code that is specific for pharmacy practices to be used when completing the Health Care Financing Administration insurance claim form.

**2000.1 - Properly Destroying Discarded Patient Information**

In order to protect patient confidentiality, APhA-ASP encourages pharmacies to destroy any discarded documentation containing patient information that may be obtained by the public.

**2002.13 - APhA Mentors**

APhA-ASP encourages the creation development and implementation of a mentoring program for student pharmacists, utilizing members of APhA-APPM and APhA-APRS to better inform APhA-ASP members of the benefits and activities of each academy to foster continued involvement in the Association.

***Move to Active***

**2002.16 - Doctor of Pharmacy Designation**

APhA-ASP supports the position that the "Doctor of Pharmacy" designation shall only be utilized by individuals who have earned a "Doctor of Pharmacy" degree from an accredited school or college of pharmacy. (B.S. degrees would not be designated as "Doctor of Pharmacy.")

**2003.10 - Safety/Regulation of Ephedra-Containing Dietary Supplements**

APhA-ASP supports the investigation of the safety of Ephedra-containing dietary supplements and of the potential to harm patients. In addition, APhA-ASP strongly recommends that the sale of Ephedra-containing dietary supplements be regulated.

**2004.3 - APhA-ASP Name Change**

APhA-ASP proposes that the name "American Pharmacists Association Academy of Students of Pharmacy" be changed to "American Pharmacists Association Academy of Student Pharmacists."

***Moved from Active***



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**INACTIVE RESOLUTIONS**

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**2004.11 - Pharmacy Student Magazine Name Change**

APhA-ASP proposes that the name of the APhA student pharmacy news magazine, "Pharmacy Student" be changed to "Student Pharmacist."

**2005.7 - APhA-ASP Standing Rule 3.7: Annual Meeting Election Procedure**

The election for each office shall be held separately. Voting shall be written or electronic ballot, and results of all elections shall be disclosed at the end of the election process.

# **APhA-ASP**

## **Archived Resolutions**

**Resolutions that are not currently representative of the Academy**



**1973.2 - Recruitment and Retention of Minority Students**

The Committee recommends that APhA-ASP encourage schools to continue their recruitment efforts and emphasize retention of minority students.

**1973.4 - Mandatory Continuing Education**

The Committee recommends that APhA-ASP support and encourage the concept of required continuing education with some form of credit and evaluation system.

**1973.5 - Regulated and Unified Intern Programs**

The Committee recommends that time spent working in externship and/or internship programs should be regulated and unified.

**1973.6 - Externship and Internship Programs**

The schools of pharmacy, being closer to the student and consequently more aware of his changing educational needs, should receive the status as an advisory body in the establishment and evaluation of uniform externship and internship requirements and guidelines.

**1973.8 - Evaluation of Preceptor**

The Committee recommends that evaluation of preceptors be carried out by boards and schools of pharmacy on a continuing basis.

**1973.9 - Evaluation of Extern**

The Committee further recommends that the preceptor evaluate the extern upon completion of a period of externship as to his ability in various areas of pharmacy.

**1973.10 - Evaluation of Externship and Preceptor by Extern**

The Committee further recommends that the extern be given the opportunity to evaluate the contents of his period of externships, including a reflection of the preceptor's competence in this role.

**1973.11 - Externship Credit for Student Health Project Involvement**

The Committee recommends that credit in externships be given for time spent in student health projects, industrial externships, and other externship experiences evaluated and approved by APhA-ASP and NABP.

**1973.12 - Marijuana Legislation**

The Committee recommends that APhA-ASP support legislation to standardize state and federal laws governing the use and distribution of marijuana.

**1973.13 - Decriminalization of Marijuana**

The Committee recommends that APhA-ASP support legislation to adopt realistic laws governing the use and distribution of marijuana resulting in decriminalization with proper controls instigated.

**1973.14 - Experimentation of Marijuana**

APhA-ASP wishes to make clear that this stand does not constitute approval of or advocacy for the use of or the uncontrolled experimentation with the drug.

**1973.15 - Anti-substitution Legislation**

The Committee recommends that APhA-ASP support legislation resulting in the repeal of anti-substitution laws.



**1973.17 - Terminology: Pharmacy "Extern" and "Intern"**

The Committee recommends that APhA-ASP support legislation requiring the use of the title Pharmacy Extern when referring to an undergraduate student pharmacist and the title Pharmacy Intern for a graduate pharmacist before completing his registration.

**1973.18 - OTC Contraceptive Devices**

The Committee recommends that APhA-ASP support legislation making the display of OTC contraceptive devices legal in all states.

**1973.19 - Contraceptive Information**

The Committee further recommends that APhA-ASP support legislation making the sale of contraceptive devices and the distribution of contraceptive information legal to all persons of any age in all states.

**1973.20 - ASHP "Statements of Supportive Personnel in Hospital Pharmacy"**

The Committee recommends approval of ASHP's "Statement of Supportive Personnel in Hospital Pharmacy." Based on these observations and consistent with the development of pharmacy practice in hospitals, it is recommended that:

1. The term "supportive personnel" be adopted as standard nomenclature to be used in referring collectively to all nonprofessional personnel.
2. AACP and ASHP give priority considerations to adopting standard nomenclature to be used in referring to the different levels, or categories, of supportive personnel.
3. AACP cooperate with ASHP in developing hospital-based training programs for hospital pharmacy supportive personnel with consideration being given to the potential role of academic institutions and to the experiences of existing training programs.
4. AACP continue to provide consultation to ASHP in the development of training programs.
5. AACP and ASHP support and participate in, where possible, projects defining the roles of, and the training requirements for, supportive personnel in hospital pharmacy.

**1973.22 - Retention/Scholastic Assistance Programs**

The Committee recommends the immediate establishment of the necessary groundwork to implement a Retention/Scholastic Assistance program at each local chapter.

**1973.23 - Recruitment Programs - Representative at State Associations**

The Committee recommends the establishment of Recruitment Representative(s) from each local chapter to represent their chapters at the state associations.

**1973.24 - NPhA-SNPhA**

The Committee recommends that the Recruitment Subcommittee of APhA-ASP establish a close working relationship with the NPhA-SNPhA.

**1973.31 - State Association**

The Committee recommends that an effort be made to establish close communications with each school's respective state association in order to furnish communications on topics concerning both organizations.

**1973.32 - Drug Abuse Education Programs**

The Committee recommends that APhA-ASP serve as a clearinghouse for drug abuse education programs.



**1973.34 - Drug Abuse - Project Speed**

The Committee recommends that APhA-ASP consolidate its Drug Abuse Education Subcommittee and its committee working in Project Speed.

**1974.1 - Policy Mechanism**

The Committee recommends that APhA-ASP adopt the policy mechanism as delineated in Addendum A.

Addendum A: The Committee recommends that APhA-ASP shall implement the following rules for adoption of its policy:

1. Permanent APhA-ASP policy shall only be generated by the Policy Committee as follows:
  - a. The Policy Committee shall review all previous policy from the Yearly Meetings of three years past (i.e., the 1974-1975 Policy Committee shall review the policy from 1972), and shall recommend the rescission of prior policy as deemed necessary by the Committee. Unless rescinded, a policy statement stands approved.
  - b. The Policy Committee shall review all previous resolutions from the immediate past Yearly Meeting. The Policy Committee's report shall include recommendations on all adopted resolutions of the immediate past Yearly Meeting for rescission or adoption as permanent organizational policy.
  - c. The Policy Committee may incorporate all submitted resolutions during the year into its report, as it deems necessary. However, the Policy Committee shall forward all other newly submitted resolutions to the Resolutions Committee with an informational recommendation as to each resolution's status, propriety, previous policy of APhA-ASP or the Association in said area in order that the Resolutions Committee may further deliberate the merits of each resolution.
2. Temporary policy is that which is recommended by the Resolutions Committee and adopted by the Delegates at the Yearly Meeting. Adopted resolutions shall remain in force and effect only from one Yearly Meeting to the next.
3. Only resolutions submitted to the SPhA Executive Secretary on or before ninety days prior to the First Session of the SPhA Yearly Meeting shall be forwarded to the SPhA Policy Committee. Resolutions submitted after that date and up to the official deadline as announced in the Yearly Meeting Standing Rules will be referred only to the Resolutions Committee for deliberation and action.

**1974.2 - Graduate Membership**

The Committee recommends that graduate students be encouraged to become active members of the local APhA-ASP chapters at their respective schools.

**1974.3 - Hypertension Screening and Education Projects**

The Committee recommends that APhA-ASP support and encourage student involvement in hypertension screening and education projects.

**1974.4 - High Blood Pressure Information Center**

The Committee recommends that APhA-ASP work with the national High Blood Pressure Information Center to provide information and assistance on hypertension education to all APhA-ASP chapters.

**1974.7 - Posting of Prescription Prices and Professional Services**

The Committee recommends that APhA-ASP support pharmacy's voluntary posting of prescription prices while emphasizing professional services.



**1974.8 - Drug Abuse Education Information**

The Committee recommends that a more realistic responsibility of the Drug Abuse Education Committee of APhA-ASP include the screening of drug abuse information and materials either collected by committee members or sent to committee members from the members of Drug Abuse Education Programs in the schools and colleges of pharmacy for inclusion in the "Drug Abuse Information" Source Book at APhA-ASP.

**1974.9 - Drug Abuse Education – Approach**

The Committee recommends that future efforts of the Drug Abuse Education Committee and the Drug Abuse Education Programs in the schools and colleges of pharmacy be directed toward the development of a "values education" approach in Drug Abuse Education Programs.

**1974.11 - OTC Drug Information**

The Committee recommends that APhA-ASP act as a clearinghouse for materials (literature, pamphlets, brochures, etc.) on OTC drugs for student distribution to consumers, and that APhA-ASP advise its membership of the availability of these materials.

**1974.12 - Family Planning Projects**

APhA-ASP should investigate sources of funding which could be made available to chapters interested in starting Family Planning Projects.

**1974.13 - Manufacturers and Organizations in Areas of Hypertension**

The Committee recommends that APhA-ASP continue to correspond with pharmaceutical manufacturers and organizations which are interested in the area of hypertension.

**1974.14 - Hypertension Community Screening Clinic**

The Committee recommends that APhA-ASP endorse Community Screening Clinics.

**1974.15 - Hypertension Education**

The Committee recommends that APhA-ASP, through possibly the Council of Students, place hypertension education on the priority list of the curriculum committee.

**1974.16 - SAPHa News Advertising**

The Committee recommends that APhA-ASP improve and expand its newsletter by the inclusion of advertising in SAPHa News.

**1974.17 - Type of Advertising in SAPHa News**

The Committee recommends that the SAPHa accept advertising which shall be in good taste and must not be in violation of the American Pharmaceutical and SAPHa policy(ies) of APhA Code of Ethics.

**1974.18 - Placement of Advertising in SAPHa News**

The Committee recommends that the placement of advertisement shall be at the discretion of SAPHa Publication Committee, with the advice and consent of the editor. No advertisement shall appear on the front cover.

**1974.19 - Approval of Advertising on SAPHa News**

The Committee recommends that all contracts are accepted subject to the review by the Publication Committee of SAPHa with the approval of the APhA Executive Director.

**1974.20 - Publications Committee**

The Committee recommends that in addition to those tasks delegated to the Publications Committee by SAPHa Executive Committee, the Publications Committee shall:

1. Have as its Vice-Chairman the managing editor of SAPHa News, who shall be the SAPHa Executive Secretary, and serve ex-officio with vote.
2. Make all final decisions as to the propriety, acceptance, rejection, placement, arrangement, or status of any advertiser, which shall be submitted to the Committee prior to the initial printing in SAPHa News.

**1974.21 - Licensure by National Exam**

The Committee recommends that licensure by national examination be implemented with the examination score required to reciprocate being set by individual states.

**1974.23 - Professional Standards Review Organizations (PSRO)**

The Committee recommends to the APhA that they support the concept of PSROs and their application in pharmacy through the following mechanism:

1. Set up a national committee (including all specializations within the profession) to develop standards of practice and guidelines for peer review, and that this mechanism is implemented immediately, as pharmacy is one of the few health professions that has not taken action on PSROs.

**1974.24 - National Pharmaceutical Foundation**

The Task Force recommends that APhA-ASP work with and support the efforts of the National Pharmaceutical Foundation in reaching its goal of increasing the number of minority student pharmacists on the graduate level.

**1974.26 - Council of Students**

The Committee recommends that the ex-officio representation between the Council of Students Chairman and the SAPHa Executive Council and between the SAPHa President and the Council of Students Administrative Board be continued.

**1974.27 - Council of Students Elections**

The Committee recommends that the SAPHa Regional and National meeting continue to serve as sites for the election of Council of Students officers.

**1974.31 - COS – Statement on Continuing Education**

The Committee recommends that APhA-ASP endorse the statement on continuing pharmaceutical education which was formulated by a task force of the Council of Students in Scottsdale, Arizona in May 1973.

**1975.1 - National Committee Appointments**

The Committee recommends that the appointment of committee personnel occur two days prior to the last session of the House of Delegates at the Annual Meeting of the Student Pharmaceutical Association.

**1975.3 - Appointment of Committee Consultants**

The Committee recommends that a consultant be appointed to each committee (Policy, Community, Health Services, Membership Services, Committee on Education, any ongoing Task Forces). The consultant may be the past coordinator or a past member of the particular committee whose responsibility will be to answer any questions which may arise throughout the year concerning the past activities, etc., of the particular committee.

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**ARCHIVED RESOLUTIONS**

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**1975.4 - Referral to the Policy Manual**

The Committee recommends referral to the introduction of the New Policy Manual, as well as to its contents, which was compiled by the 1975 Policy Committee, in answering ("troubleshooting") any questions concerning the new policy mechanism passed by the House of Delegates in 1974.

**1975.6 - Suggestion of SAPHa Policy**

The Committee recommends that the Policy Committee shall be the only body, besides the Executive Committee, to suggest SAPHa policy.

**1975.7 - Regulation of Policy**

The Committee recommends that the Policy Committee shall concern itself with formulation of policy and not the implementation of policy.

**1975.9 - Non-Policy Committee Reports**

The Committee recommends that the committees other than the Policy Committee submit their reports to the House of Delegates to serve as an aid in committee work and directives in future years and to serve as historical records.

**1975.10 - Review of National Committee Functions**

The Committee recommends that the Executive Committee consider a review of all committees as to their necessity and function within national APhA-ASP structure. Consideration of past action and future direction of some of the standing committees may reveal possible stagnation as a national committee.

**1975.14 - Standards of Continuing Competence**

The Committee recommends that APhA-ASP request the formation of a committee by the APhA to develop standards of continuing competence and that APhA-ASP be represented on this committee by a student member.

**1975.15 - Prescription Price Posting and Advertising-Legislation**

The Committee recommends that APhA-ASP oppose legislation requiring prescription price posting and advertising.

**1975.17 - Consideration of Resolutions**

The Committee recommends that the resolutions adopted by the House of Delegates may be considered by an appropriate Policy Committee for consideration as APhA-ASP Policies.

**1975.19 - Utilization of Resolutions**

The Committee recommends that the resolutions adopted by the House of Delegates may be used as guidance from the membership for the following year.

**1975.20 - Revision**

The Committee recommends that Section 1.1 of the 1974 Policy Committee report of organizational affairs be rescinded in its entirety. Executive Committee - September 27-28, 1975.

**1976.1 - Chapter Advisors**

APhA-ASP Chapters should elect a faculty advisor and a practitioner advisor. Advisors should be evaluated and elected annually.



**1977.6 - APhA Seal of Comprehensive Pharmaceutical Services**

APhA-ASP supports the implementation of an "APhA Seal of Comprehensive Pharmaceutical Services" coupled with a program to measure and certify the quality of service.

**1978.1 - Advisory Committee on National Health Insurance**

APhA-ASP strongly urges immediate placement of a pharmacist on the National Health Insurance Advisory Committee.

**1978.2 - Stocking and Handling of Laetrile by Pharmacists**

Until scientific evidence has proven otherwise, APhA-ASP discourages the stocking or handling of Laetrile by pharmacists and pharmacies.

**1979.5 - Increasing the Number of Student Delegates to the APhA House of Delegates**

APhA-ASP encourages the Association to increase the student representation in the APhA House of Delegates from nine to fifteen voting delegates and suggests that the additional delegates be elected within the regions of APhA-ASP according to a procedure established by the Executive Committee.

**1979.6 - Advertising Techniques Used by Companies Selling OTC Products**

APhA-ASP urges that appropriate action be taken against Menley and James and all such companies who downgrade pharmacy in their marketing techniques.

**1981.9 - United States Pharmacopeia-Dispensing Information (USP-DI)**

1. APhA-ASP commends the United States Pharmacopeia Convention for its initiative in developing the outstanding Dispensing Information publication.
2. APhA-ASP recommends the USP-DI serve as a primary source for drug dispensing information in this country.

**1982.7 - Abolishment of "Wet Lab" Examinations**

APhA-ASP discourages the use of "wet labs" as a component of State Board of Pharmacy licensure examinations.

**1983.3 - Undergraduate Research Opportunities**

APhA-ASP encourages the dissemination of information on opportunities to participate in research to undergraduate students at the schools or colleges of pharmacy.

**1983.5 - Volatile Alkyl Nitrites**

APhA-ASP strongly urges the regulation and control of all nontherapeutic volatile alkyl nitrates.

**1984.1 - Look Alike Drugs**

APhA-ASP supports the abolishment of the manufacture, distribution, and advertisement of all street look alike drugs whose actions simulate controlled substances.

**1984.3 - Reclassification of Drugs**

APhA-ASP recommends the incorporation of a third category of drugs to be dispensed personally at the pharmacist's discretion and upon the patient's request. This category of drugs also includes those drugs in the process of changing from prescription only to non-prescription status, and those present nonprescription products which are determined to be too hazardous for indiscriminate use.



**1984.4 - Official Acronym**

SAPhA recognizes and supports "Student APhA" as its official acronym.

**1985.3 - Impaired Student Pharmacists**

APhA-ASP encourages its members and chapters to support state and national associations' efforts in the establishment of counseling, treatment, education, prevention, and rehabilitation programs for student pharmacists who are subject to impairment due to the influence of drugs--including alcohol.

**1985.5 - Utilization of Written Information in Counseling**

APhA-ASP encourages the distribution of written information and instructions as an adjunct to verbal counseling with prescriptions at the pharmacist's discretion.

**1986.6 - SAPhA Policymaking Mechanism**

SAPhA does not support any APhA Bylaw changes that would alter current SAPhA policy-making mechanism and Executive Committee structure.

**1988.5 - Approved List of Calculators for Licensure Examinations**

APhA-ASP strongly urges all state boards of pharmacy to develop and implement a list of calculators approved for use on state licensure examinations.

**1990.8 - Title of the Academy of Students of Pharmacy**

APhA-ASP supports the continued use of the title "Academy of Students of Pharmacy."

**1990.9 - Executive Committee Elections**

APhA-ASP strongly encourages the 1990-1991 Executive Committee to change election procedures for President-elect and Speaker of the House to a total of three ballots if necessary.

**1992.4 - Pharmacy Technician Certification**

1. APhA-ASP supports the voluntary certification of pharmacy technicians by the pharmacy profession.
2. APhA-ASP supports the voluntary accreditation of pharmacy technician training programs by the pharmacy profession.

**1992.5 - Exchange of Patient Clinical Information**

APhA-ASP supports increased interaction among board certified health professionals in the exchange of clinical information to ensure patient confidentiality to improve patient care.

**1992.9 - One Symbol for Pharmacy**

1. APhA-ASP approves the concept of one symbol for pharmacy in the United States.
2. APhA-ASP encourages the use and display of the one symbol for pharmacy upon adoption.

**1995.10 - Review of the APhA-ASP Policy Process**

APhA-ASP charges the 1995-1996 Executive Committee to form a task force for the purpose of reviewing the APhA-ASP Policy Process and making recommendations to the 1996 APhA-ASP House of Delegates.

**1996.11 - Categorization of Current Resolutions**

APhA-ASP adopts the categorizations of APhA-ASP Resolutions forwarded by the 1995-1996 APhA-ASP Standing Committee on Policy.

**2001.7 - Change to APhA-ASP Standing Rule 3.7 (Election Process)**

APhA-ASP supports the amendment of Standing Rule 3.7 to read “The election for each office shall be held separately, voting shall be by written ballot, and results shall be disclosed at the end of the election process.”

# **Appendix A**

## **APhA-ASP House of Delegates Rules of Procedure**

**As revised by the APhA ASP House of Delegates March 27, 2011**



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**A P h A - A S P H O U S E O F D E L E G A T E S R U L E S O F P R O C E D U R E**

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**APhA-ASP HOD RULE 1:**

**Composition of the APhA-ASP House of Delegates and Voting Privileges**

- 1.1 One (1) Chapter Delegate or Alternate Chapter Delegate from the APhA-ASP chapter at each school or college of pharmacy shall serve as the official voting representative of the chapter's membership in the APhA-ASP House of Delegates.
  - a. Each chapter shall elect or appoint one Chapter Delegate and one Alternate Chapter Delegate.
  - b. Each Chapter Delegate or Alternate Chapter Delegate shall complete the official Annual Meeting Delegate Credentials Form. The form shall be completed and submitted thirty (30) days in advance of the Annual Meeting dates or presented to the APhA-ASP Credentials Committee in person prior to the beginning of the First Session of the APhA-ASP House of Delegates.
  - c. Only the properly authorized Chapter Delegate or Alternate Chapter Delegate shall be entitled to one (1) vote on behalf of the APhA-ASP chapter of which he or she is a member. The Chapter Delegate or Alternate Chapter Delegate must be present at the APhA-ASP House of Delegates Session in which voting is held. No proxy voting shall be allowed.
- 1.2 Each member of the APhA-ASP National Executive Committee, with the exception of the APhA-ASP Speaker of the House, shall have a seat in the APhA-ASP House of Delegates and be entitled to one (1) vote.
- 1.3 One (1) student pharmacist representative from each of the following pharmacy organizations will be invited to participate as observers to the APhA-ASP House of Delegates: Academy of Managed Care Pharmacy (AMCP), American Society of Consultant Pharmacists (ASCP), American Society of Health Systems Pharmacists (ASHP), International Pharmaceutical Students' Federation (IPSF), National Community Pharmacists Association (NCPA), and the National Pharmaceutical Association Student National Pharmaceutical Association (NPhA-SNPhA).
- 1.4 Other pharmacy and non-pharmacy health professional student organizations may petition the APhA-ASP House of Delegates directly for an observer seat. Petitions should be submitted to the Speaker of the APhA-ASP House of Delegates and will be considered by the House as new business.
- 1.5 Observer members of the APhA-ASP House of Delegates may voice their opinions on issues brought before the House. Observer members shall not have voting privileges or submit items of new business.
- 1.6 Prior to the First Session of the APhA-ASP House of Delegates, the APhA-ASP National President shall appoint a Credentials Committee consisting of the Secretary of the APhA-ASP House of Delegates and a minimum of three (3) APhA-ASP members to review and verify all Annual Meeting Delegate Credentials Forms and make recommendations to the APhA-ASP Speaker of the House as to the eligibility of prospective Chapter Delegates, Alternate Chapter Delegates or House observers, who for any reason, have not submitted the official Annual Meeting Delegate Credentials Form.
- 1.7 Chapter Delegates and Alternate Chapter Delegates arriving after the First Session of the APhA-ASP House of Delegates commences shall submit an Annual Meeting Delegate Credentials Form to the Secretary of the APhA-ASP House of Delegates if one has not been previously submitted. The APhA-ASP Credentials



Committee shall then recommend action regarding eligibility to the APhA-ASP Speaker of the House. Should the recommendation be unanimous, the APhA-ASP Speaker of the House shall act according to the wishes of the Committee. If full agreement on the eligibility cannot be reached by the Committee, the APhA-ASP Speaker of the House shall make the final decision as to whether the prospective Chapter Delegate or Alternate Chapter Delegate shall be seated. Until the APhA-ASP Speaker of the House has officially ruled on the eligibility of the Chapter Delegate or Alternate Chapter Delegate in question, he or she may participate in deliberations, but shall have no voting privilege.

- 1.8 Should an Annual Meeting Delegate Credentials Form be lost or misplaced by the Chapter Delegate or Alternate Chapter Delegate, he or she may be seated if verbal or written evidence is provided that he or she is a member in good standing of the Academy of Student Pharmacists of the American Pharmacists Association, and that he or she has been authorized to vote on behalf of the chapter. This verification and authorization must be provided by the Chapter President, Chapter Advisor, or Dean from the school or college of pharmacy in which the Chapter Delegate or Alternate Chapter Delegate is enrolled.
- 1.9 Invited pharmacy and non-pharmacy health professional student organizations sending an observer to the APhA-ASP House of Delegates shall complete the official Annual Meeting Observer Credentials Form. The original copy shall be submitted to APhA headquarters at least thirty (30) days in advance of the Annual Meeting dates or presented to the APhA-ASP Credentials Committee in person prior to the beginning of the First Session of the APhA-ASP House of Delegates.

**APhA-ASP HOD RULE 2:  
Consideration of Resolutions**

- 2.1 The APhA-ASP National Executive Committee shall appoint, no later than the APhA-ASP Opening Session at the APhA Annual Meeting, a Reference Committee consisting of the APhA-ASP Speaker of the House as Chair and the eight (8) Regional Members-at-large.
- 2.2 The APhA-ASP Reference Committee shall hold an open session at a time and place announced in the official Annual Meeting program at which all APhA-ASP members and other interested persons may testify to the Committee in support of or in opposition to proposed resolutions.
- 2.3 Upon completion of testimony at a time determined by the Chair, the APhA-ASP Reference Committee shall meet in closed session to prepare its final report to the APhA-ASP House of Delegates. The report shall include one of the following recommended actions for each resolution considered:
  - a. Adoption of the resolution.
  - b. Rejection of the resolution.
  - c. Referral of the resolution to the APhA-ASP National Executive Committee.
  - d. Adoption of the resolution as amended by the Committee.
- 2.4 The APhA-ASP Reference Committee shall present its final report during the First Session of the APhA-ASP House of Delegates.
- 2.5 If the Reference Committee fails or refuses to recommend action on a resolution, the APhA-ASP Speaker of the House shall, without debate, put the question of adoption of the resolution before the APhA-ASP House of Delegates.

- 2.6 The APhA-ASP House of Delegates will consider the recommendation brought forth by the Reference Committee as follows:
- a. Reference Committee recommends adoption of the resolution:
    1. A motion to amend or refer the resolution will be in order.
    2. If the House supports the recommendation to adopt the resolution, then the resolution passes and will be forwarded to the APhA-ASP Policy Standing Committee.
    3. If the House opposes the recommendation to adopt the resolution, then the resolution is defeated, and no further action is taken.
  - b. Reference Committee recommends rejection of the resolution:
    1. If the House supports the recommendation to reject the resolution, then the resolution is defeated, and no further action is taken.
    2. If the House opposes the recommendation to reject the resolution, then a motion to adopt the resolution will be considered. A motion to amend or refer the resolution will be in order only after the House has opposed the Reference Committee's recommendation to reject the resolution and a motion to adopt the resolution is under consideration.
  - c. Reference Committee recommends referral of the resolution to the APhA-ASP National Executive Committee:
    1. If the House supports the recommendation to refer the resolution, then the resolution is referred to the APhA-ASP National Executive Committee for further action.
    2. If the House opposes the recommendation to refer the resolution, then a motion to adopt the resolution will be considered. A motion to amend or refer the resolution will be in order only after the House has opposed the Reference Committee's recommendation to refer the resolution and a motion to adopt the resolution is under consideration.
  - d. Reference Committee recommends adoption of the resolution as amended by the Committee:
    1. A motion to amend or refer the resolution will be in order.
    2. If the House supports the recommendation to adopt the resolution as amended, then the resolution passes and will be forwarded to the APhA-ASP Policy Standing Committee.
    3. If the House opposes the recommendation to adopt the resolution as amended, then the recommendation is defeated, and a motion to adopt the original wording of the resolution will be considered.
- 2.7 No resolution may be amended by the APhA-ASP House of Delegates unless the rules of the House are suspended for that purpose. Such suspension shall require a two thirds (2/3) vote and the amendment procedure shall be as follows:
- a. Any matter to be presented as an amendment shall be presented to the APhA-ASP Speaker of the House, Secretary of the APhA-ASP House of Delegates, or a member of the APhA Student Development Staff on an official amendment form.

- b. Delegates may move to suspend House rules for the purpose of an amendment. Once the House has had an opportunity to hear the proposed amendment, a second will then be required to consider the motion. If the motion receives a second, the proposing Delegate will be granted the floor to briefly state his/her reasoning for the proposed amendment. After comments from the proposing Delegate, the House shall vote on the motion to suspend House rules for the purpose of considering the amendment.

**APhA-ASP HOD RULE 3:  
New Business**

- 3.1 All items of new business must be submitted by a member of APhA-ASP.
- 3.2 Any matter to be presented as new business shall be presented to the APhA-ASP Speaker of the House, Secretary of the APhA-ASP House of Delegates, or a member of the APhA Student Development Staff in writing not less than forty-eight (48) hours before the scheduled convening of the session in which new business is on the agenda. If any subject matter will include offering of a motion, the writing shall include the motion to be offered.
- 3.3 The APhA-ASP National Executive Committee shall appoint, no later than the APhA-ASP Opening Session at the APhA Annual Meeting, a New Business Review Committee consisting of a chair and a representative from each of the eight (8) APhA-ASP Regions.
- 3.4 The New Business Review Committee shall hold an open session at a time and place announced in the official Annual Meeting program at which all APhA-ASP members and other interested persons may testify to the Committee in support of or in opposition to proposed new business.
- 3.5 Upon completion of testimony at a time determined by the Chair, the Committee shall meet in closed session to prepare its final report to the APhA-ASP House of Delegates. The report shall include one of the following recommended actions for each new business item considered:
  - a. Adoption of the new business item.
  - b. Rejection of the new business item.
  - c. Referral of the new business item to the APhA-ASP National Executive Committee.
  - d. Adoption of the new business item as amended by the Committee.
- 3.6 The Committee shall present its final report during the Final Session of the APhA-ASP House of Delegates.
- 3.7 If the New Business Review Committee fails or refuses to recommend action on a new business item, the APhA-ASP Speaker of the House shall, without debate, put the question of adoption of the item before the APhA-ASP House of Delegates.
- 3.8 The APhA-ASP House of Delegates will consider the recommendation brought forth by the New Business Review Committee as follows:
  - a. New Business Review Committee recommends adoption of the new business item:
    - 1. A motion to amend or refer the new business item will be in order.

2. If the House supports the recommendation to adopt the new business item, then the new business item passes and will be forwarded to the APhA-ASP Policy Standing Committee.
  3. If the House opposes the recommendation to adopt the new business item, then the new business item is defeated, and no further action is taken.
- b. New Business Review Committee recommends rejection of the new business item:
1. If the House supports the recommendation to reject the new business item, then the new business item is defeated, and no further action is taken.
  2. If the House opposes the recommendation to reject the new business item, then a motion to adopt the new business item will be considered. A motion to amend or refer the new business item will be in order only after the House has opposed the New Business Review Committee's recommendation to reject the new business item and a motion to adopt the new business item is under consideration.
- c. New Business Review Committee recommends referral of the new business item to the APhA-ASP National Executive Committee:
1. If the House supports the recommendation to refer the new business item, then the new business item is referred to the APhA-ASP National Executive Committee for further action.
  2. If the House opposes the recommendation to refer the new business item, then a motion to adopt the new business item will be considered. A motion to amend or refer the new business item will be in order only after the House has opposed the New Business Review Committee's recommendation to refer the new business item and a motion to adopt the new business item is under consideration.
- d. New Business Review Committee recommends adoption of the new business item as amended by the Committee:
1. A motion to amend or refer the new business item will be in order.
  2. If the House supports the recommendation to adopt the new business item as amended, then the new business item passes and will be forwarded to the APhA-ASP Policy Standing Committee.
  3. If the House opposes the recommendation to adopt the new business item as amended, then the recommendation is defeated, and a motion to adopt the original wording of the new business item will be considered.
- 3.9 No new business item may be amended by the APhA-ASP House of Delegates unless the rules of the House are suspended for that purpose. Such suspension shall require a two thirds (2/3) vote and the amendment procedure shall be as follows:
- a. Any matter to be presented as an amendment shall be presented to the APhA-ASP Speaker of the House, Secretary of the APhA-ASP House of Delegates, or a member of the APhA Student Development Staff on an official amendment form.
  - b. Delegates may move to suspend House rules for the purpose of an amendment. Once the House has had an opportunity to hear the proposed amendment, a second will then be required to consider the motion. If the motion receives a second, the proposing Delegate will be granted the

floor to briefly state his/her reasoning for the proposed amendment. After comments from the proposing Delegate, the House shall vote on the motion to suspend House rules for the purpose of considering the amendment.

**APhA-ASP HOD RULE 4:  
Annual Meeting Election Procedure**

- 4.1 All candidates for offices to be filled at the Annual Meeting shall fulfill the responsibilities delineated in the "Regulations and Procedures for APhA-ASP National Officer Elections" as established by the APhA-ASP National Executive Committee.
- 4.2 The APhA-ASP National President shall appoint, no later than the APhA-ASP Opening Session at the APhA Annual Meeting, a Nominating Committee consisting of a chair and a representative from each of the eight (8) APhA-ASP regions. All must be members of APhA. The APhA-ASP Nominating Committee may slate two (2) candidates for the office of APhA-ASP National President-elect and two (2) candidates for the office of APhA-ASP Speaker of the House. For the two (2) APhA-ASP National Member-at-large positions, the Nominating Committee may slate a total of four (4) candidates. An informal announcement of the slate may be made at any time after the Committee's selection of candidates.
- 4.3 The Nominating Committee is bound by the "Regulations and Procedures for APhA-ASP National Officer Elections."
- 4.4 The Report of the Nominating Committee and nominations from the floor for each office shall occur prior to the election for the first office.
- 4.5 The APhA-ASP Nominating Committee shall report its slate separately for each office. Following the Report of the Committee, nominations for that same office may be made from the floor. Only those candidates who have fulfilled the responsibilities delineated in the "Regulations and Procedures for APhA-ASP National Officer Elections" may be nominated. Nominations shall require a second. If a nomination is seconded, a majority vote shall be required for the candidate to be placed on the ballot. Candidates who are placed on the ballot for any office shall not be eligible for nomination from the floor in subsequent nominations for other offices.
- 4.6 In the case that there is no candidate eligible for election, the APhA-ASP National Executive Committee shall select at least one (1) member, and no more than two (2) members, to be placed on the ballot for that office. First consideration shall be given to candidates who have fulfilled the responsibilities delineated in the "Regulations and Procedures for APhA-ASP National Officer Elections." The candidate(s) nominated for the office by the APhA-ASP National Executive Committee shall then be elected by the Delegates.
- 4.7 After nominations for all offices have been closed, elections for each office shall be held separately. Each candidate for the office undergoing election shall be allowed four (4) minutes in which he or she may address the APhA-ASP House of Delegates in support of his or her candidacy. Time shall be calculated from the moment the candidate begins his or her presentation. Candidates shall be granted the privilege of the podium in alphabetical order by slate and then by the same order as placed on the ballot.
- 4.8 Voting shall be by written or electronic ballot, and the results of each election shall be disclosed at the end of elections for all offices.
- 4.9 A majority vote shall be required for election as APhA-ASP National President-elect and APhA-ASP Speaker of the House. Should no candidate for APhA-ASP National President-elect or APhA-ASP Speaker of the House receive a majority vote on the first ballot, the following procedure shall be followed:

- a. The name of the candidate with the least number of votes or in the case of a tie, the names of candidates tied with the least number of votes on the first ballot shall be omitted from a second ballot. However, if dropping the lowest vote recipient(s) would result in the remaining candidate(s) being elected by default, the lowest vote recipient(s) would not be dropped. The same procedure shall be followed if a third ballot is required.
  - b. If voting on a third ballot does not result in the election of an APhA-ASP National President-elect or APhA-ASP Speaker of the House, the election shall be decided by a plurality vote on that ballot. In the case of a tie, the APhA-ASP Speaker of the House shall cast the deciding vote.
- 4.10 A majority vote shall be required for election as an APhA-ASP National Member-at-large. If no two candidates receive a majority vote on the first ballot, the following procedure shall be followed:
- a. If one (1) candidate has received a majority, that candidate shall be declared elected. Names of candidates who were not elected on the first ballot shall remain on a second ballot, except as stipulated in 4.10.b.
  - b. The name of the candidate with the least number of votes or in the case of a tie, the names of candidates tied with the least number of votes on the first ballot shall be omitted from a second ballot. However, if dropping the lowest vote recipient(s) would result in the remaining candidate(s) being elected by default, the lowest vote recipient(s) would not be dropped. The same procedure shall be followed if a third ballot is required.
  - c. If voting on a third ballot does not result in the election of the required number of APhA-ASP National Member-at-large, the election shall be decided by a plurality vote on that ballot, and in the case of a tie, the APhA-ASP Speaker of the House shall cast the deciding vote.
- 4.11 In the event that any elected office is vacated, the APhA-ASP National Executive Committee shall appoint a replacement for that office for the remainder of the term. First consideration will be given to candidates who have fulfilled the responsibilities delineated in the “Regulations and Procedures for APhA-ASP National Officer Elections.”

**APhA-ASP HOD RULE 5:  
Voting Procedure and Rules of Order**

- 5.1 With the exception of voting by ballot for officers as outlined in Rule 4.8, voting in the APhA-ASP House of Delegates shall be by voice.
- 5.2 If the result of a voice vote is uncertain, or if a division of the House is called for, a standing, show of hands, or written or electronic ballot vote will be taken. If the results are not conclusive, the vote will be retaken and a count made. The Secretary of the APhA-ASP House of Delegates shall record the vote and the results will be announced by the APhA-ASP Speaker of the House.
- 5.3 A motion for a roll call vote shall be ruled out of order by the APhA-ASP Speaker of the House.
- 5.4 The procedures of the APhA-ASP House of Delegates shall be governed by the latest edition of Robert’s Rules of Order Newly Revised unless they are inconsistent with the APhA Bylaws or APhA-ASP House of Delegates Rules of Procedure.

**APhA-ASP HOD RULE 6:  
APhA-ASP Resolution Review Process**

- 6.1 The charge for the APhA-ASP Policy Standing Committee during its annual review of Academy resolutions shall be as follows:
- a. The Committee shall review each resolution to ensure that they are assigned to the appropriate policy topic heading and date of adoption.
  - b. The Committee shall review each policy topic heading and may incorporate new policy topic headings, change policy topic headings, or remove policy topic headings at its discretion to ensure that the APhA-ASP Adopted Resolutions reflect contemporary terminology and that all resolutions are presented in a logical and comprehensive manner.
  - c. The Committee shall review each resolution and may make appropriate amendments to the resolutions to ensure that:
    1. Each resolution reflects contemporary terminology.
    2. Each resolution is grammatically correct.
    3. Each resolution in “Active” status is representative of the Academy and requires ongoing action or demonstrates ongoing Academy support.
    4. Each resolution in “Inactive” status is representative of the Academy, but no longer requires action.
    5. Each resolution in “Archived” status is no longer representative of the Academy.
  - d. Following the APhA-ASP House of Delegates, the Committee shall review the report of the APhA-ASP House of Delegates to ensure that all active and inactive resolutions do not conflict with any newly-adopted resolutions. If a conflict exists, the most recent resolution will remain active and the conflicting resolution may be amended by the Committee to reflect a position that is supportive of the most recent resolution or be placed in archived status.
  - e. All changes to APhA-ASP Adopted Resolutions must be approved by the House. The Committee shall highlight all proposed changes in the book of APhA-ASP Adopted Resolutions which will be available prior to the Midyear Regional Meetings. The Committee shall make a singular motion to adopt all changes to the book of APhA-ASP Adopted Resolutions, and limited debate shall be in order. Motions to amend the book of APhA-ASP Adopted Resolutions shall require a suspension of House rules. Such suspension shall require a two thirds (2/3) majority vote.

**APhA-ASP HOD RULE 7:  
Adoption or Amendment of APhA-ASP House of Delegates Rules of Procedure**

- 7.1 The procedure for adopting or amending these rules will be as follows:
- a. Any suggested amendments or adoption of new rules must be approved by the APhA Board of Trustees.

- b. The APhA-ASP National Executive Committee or any APhA-ASP Chapter Delegate or Alternate Chapter Delegate can recommend an amendment or adoption of a new rule to the APhA-ASP House of Delegates.
- c. Upon approval of an amendment or new rule by the APhA Board of Trustees, the APhA-ASP House of Delegates can approve the amendment or new rule by a two thirds (2/3) vote. If the wording of the amendment or new rule is unchanged from the wording approved by the APhA Board of Trustees, the approved amendment or new rule will be adopted immediately.
- d. If the wording of an amendment or new rule is changed by the APhA-ASP House of Delegates after approval by the APhA Board of Trustees, the amendment or new rule must be resubmitted to the Board. The procedure for approval and adoption will be as stated in 7.1.c.



# **Appendix B**

## **APhA-ASP Midyear Regional Meeting Rules of Procedure**

**As amended by the APhA-ASP National Executive Committee January 11, 2012**



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**APhA - ASP MIDYEAR REGIONAL MEETING RULES OF PROCEDURE**

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**APhA-ASP MRM RULE 1:**

**Composition of the APhA-ASP MRM Closing Business Session and Voting Privileges**

- 1.1 One (1) Chapter Delegate or Alternate Chapter Delegate from the APhA-ASP chapter at each school or college of pharmacy in the region shall serve as the official voting representative of the chapter's membership during the MRM Closing Business Session.
  - a. Each chapter shall elect or appoint one Chapter Delegate and one Alternate Chapter Delegate. Chapters with satellite campuses shall elect or appoint one Chapter Delegate and one Alternate Chapter Delegate if their main campus is located in a different APhA-ASP Region than the satellite campus.
  - b. New schools and colleges of pharmacy in the process of chartering an APhA-ASP Chapter shall elect or appoint one Chapter Delegate and one Alternate Chapter Delegate. These new schools and colleges of pharmacy will be granted voting privileges upon receiving a majority vote from the Chapter Delegates present during the beginning of the MRM Closing Business Session.
  - c. Each Chapter Delegate or Alternate Chapter Delegate shall complete the Credentials Form. The form shall be submitted to APhA staff by the start of the first session on Saturday of the meeting.
  - d. Only the properly authorized Chapter Delegate or Alternate Chapter Delegate shall be entitled to one (1) vote on behalf of the APhA-ASP chapter of which he or she is a member. The Chapter Delegate or Alternate Chapter Delegate must be present at the MRM Closing Business Session in which voting is held. No proxy voting shall be allowed.
- 1.2 Should a Credentials Form be lost or misplaced by the Chapter Delegates or Alternate Chapter Delegate, he or she may be seated if verbal or written evidence is provided that he or she is a member in good standing of APhA-ASP, and that he or she has been authorized to vote on behalf of the chapter. This verification and authorization must be provided by the Chapter President, Chapter Advisor, or Dean from the school or college of pharmacy.
- 1.3 Members of the APhA-ASP National Executive Committee and student pharmacist representatives for the pharmacy organizations listed in the APhA-ASP House of Delegates Rules of Procedures shall not have a seat during the MRM Closing Business Session.

**APhA-ASP MRM RULE 2:**

**Consideration of Proposed Resolutions**

- 2.1 All proposed resolutions must be submitted by the Chapter.
- 2.2 The Chapter shall submit proposed resolutions on the APhA-ASP MRM Proposed Resolutions Form to the APhA-ASP Regional Delegate two weeks prior to start of the Midyear Regional Meeting.

- 2.3 All proposed resolutions will be disseminated by the APhA-ASP Regional Delegate to each APhA-ASP Chapter at least one week prior to the start of the Midyear Regional Meeting to allow for discussion of the proposed resolutions at the chapter level.
- 2.4 The APhA-ASP Regional Delegate shall hold an open session at a time and place announced in the Midyear Regional Meeting program at which all APhA-ASP members and any other interested persons may testify in support of, or in opposition to, the proposed resolutions.
- 2.5 At the MRM Closing Business Session, Chapter Delegates and Alternate Chapter Delegates may vote to refer each proposed resolution to the APhA-ASP Resolutions Committee for their consideration.
- 2.6 No resolution may be amended during the MRM Closing Business Session unless the rules of the House are suspended for that purpose. Such suspension shall require a two thirds (2/3) vote and the amendment procedure shall be as follows:
  - a. Any matter to be presented as an amendment shall be presented to the Speaker of the MRM Closing Business Session or APhA staff on an official amendment form.
  - b. Chapter Delegates may move to suspend House rules for the purpose of an amendment. Once the House has had an opportunity to hear the proposed amendment, a second is required to consider the motion. If the motion receives a second, the proposing Chapter Delegate will be granted the floor to briefly state his or her reasoning for the proposed amendment. After comments from the proposing Chapter Delegate, the House shall vote on the motion to suspend House rules for the purpose of considering the amendment.
- 2.7 In the case of a proposed resolution that requires immediate attention, or if the proposal is not consistent with the format of existing APhA-ASP Resolutions, Chapter Delegates may request that the proposal be addressed by the APhA-ASP National Executive Committee.

**APhA-ASP MRM RULE 3:  
New Business**

- 3.1 All new business items must be submitted by the Chapter.
- 3.2 The Chapter shall submit new business items on the APhA-ASP MRM New Business Item Form to the APhA-ASP Regional Delegate by the start of the first session on Saturday of the meeting. If any subject matter will include offering of a motion, the writing shall include the motion to be offered.
- 3.3 New business shall be discussed during an open session at a time and place announced in the Midyear Regional Meeting program at which all APhA-ASP members and any other interested persons may testify in support of, or in opposition to, the new business.
- 3.4 Once discussed during the open session, new business items shall be considered proposed resolutions and shall follow the rules outlined in APhA-ASP MRM Rule 2: Consideration of Proposed Resolutions.
- 3.5 Any new business submitted after the open session shall not be considered during the MRM Closing Business Session.

**APhA-ASP MRM RULE 4:  
Regional Officer Election Procedure**

- 4.1 All candidates for regional offices to be filled at the APhA-ASP Midyear Regional Meeting shall fulfill the responsibilities as established by the APhA-ASP National Executive Committee.
- 4.2 Each APhA-ASP Chapter within the region shall appoint one individual to serve on the APhA-ASP Regional Nominating Committee by the start of the first session on Saturday of the meeting. All representatives to the APhA-ASP Regional Nominating Committee must be APhA-ASP members.
- 4.3 The APhA-ASP Regional Nominating Committee shall be chaired by the APhA-ASP Regional Delegate. If the APhA-ASP Regional Delegate is unable to fulfill the duties as chair, an APhA-ASP National Officer shall appoint a chair or serve in this role.
- 4.4 The APhA-ASP Regional Nominating Committee may slate up to two (2) candidates for the offices of Regional Delegate, Regional Member-at-large, and Midyear Regional Meeting Coordinator. An informal announcement of the slate may be made at any time after the Committee's selection of candidates.
- 4.5 The Nominating Committee is bound by the "Regulations and Procedures for APhA-ASP Regional Officer Elections."
- 4.6 The Nominating Committee shall report its slate separately for each office. Following the Report of the Committee, nominations for that same office may be made from the floor. Only those candidates who have fulfilled the requirement of candidacy may be nominated. Nominations shall require a second. Candidates who are placed on the ballot for any office shall not be eligible for nomination from the floor in subsequent nominations for other offices.
- 4.7 In the case that there is no candidate eligible for election, the APhA-ASP National Executive Committee Member present may select at least one (1) member, and no more than two (2) members, to be placed on the ballot for that office. First consideration shall be given to candidates who have fulfilled the responsibilities of candidacy. The candidate(s) nominated for the office by the APhA-ASP National Executive Committee Member shall then be elected by the Delegates. In the case that there are no candidates for election, the APhA-ASP National Executive Committee shall meet following the meeting, and appoint a member to the regional office.
- 4.8 Elections for each office shall be held separately. Each candidate for the office undergoing election shall be allowed four (4) minutes in which he or she may address the Chapter Delegates or Alternate Chapter Delegates of the MRM Closing Business Session in support of his or her candidacy. Time shall be calculated from the moment the candidate begins his or her presentation. Candidates shall be granted the privilege of the podium in alphabetical order by slate and then by the same order as placed on the ballot.
- 4.9 Voting shall be by written or electronic ballot, and the results of each election shall be disclosed at the end of elections for all offices.
- 4.10 A majority vote shall be required for election of APhA-ASP Regional Delegate, Regional Member-at-large, and Midyear Regional Meeting Coordinator. Should no candidate for receive a majority vote on the first ballot, the following procedure shall be followed:
  - a. The name of the candidate with the least number of votes or in the case of a tie, the names of candidates tied with the least number of votes on the first ballot shall be omitted from a second ballot. However, if dropping the lowest vote recipient(s) would result in the remaining candidate(s) being elected by default, the lowest vote recipient(s) would not be dropped. The same procedure shall be followed if a third ballot is required.

- b. If voting on a third ballot does not result in the election of an officer, the election shall be decided by a plurality vote on that ballot. In the case of a tie, the APhA-ASP National Officer shall cast the deciding vote.
- 4.11 In the event that any elected office is vacated, the APhA-ASP National Executive Committee shall appoint a replacement for that office for the remainder of the term. First consideration will be given to candidates who have fulfilled the responsibilities of running for office.

**APhA-ASP MRM RULE 5:  
Voting Procedure and Rules of Order**

- 5.1 With the exception of voting by ballot for officers, voting in the MRM Closing Business Session shall be by voice.
- 5.2 If the result of a voice vote is uncertain, or if a division of the House is called for, a standing, show of hands, written, or electronic ballot vote will be taken. If the results are not conclusive, the vote will be retaken and a count made.
- 5.3 The procedure of the APhA-ASP MRM Closing Business Session shall be governed by the latest edition of Robert's Rules of Order Newly Revised unless they are inconsistent with the APhA Bylaws or APhA-ASP Midyear Regional Meeting Rules of Procedures.

**APhA-ASP MRM RULE 6:  
Adoption or Amendment of APhA-ASP MRM Rules of Procedure**

- 6.1 The procedure for adopting or amending these rules will be as follows:
- a. Any APhA-ASP Chapter Delegate or Alternate Chapter Delegate can recommend an amendment or adoption of a new rule to the APhA-ASP MRM Rules of Procedure.
  - b. Any suggested amendments or adoption of new rules must be approved by the APhA-ASP National Executive Committee.

## **Appendix C**

### **Past Speakers of the House of Delegates 1969 – Present**



**PAST SPEAKERS OF THE HOUSE OF DELEGATES**

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**Student American Pharmaceutical Association (SAPhA)**

<u>Year</u>	<u>APhA Delegate</u>	<u>School or College of Pharmacy</u>
1969-1970	Carey V. Post	University of Houston
1970-1971	Lawrence J. Frieders	University of Illinois at Chicago
1971-1972	Lawrence E. Patterson	University of Nebraska Medical Center
<u>Year</u>	<u>SAPhA Speaker</u>	<u>School or College of Pharmacy</u>
1972-1973	Harry C. Watters	University of Illinois at Chicago
1973-1974	M. Lynn Crimson	The University of Oklahoma
1974-1975	Michael Ira Smith	University of Minnesota
1975-1976	Keith J. Frederick	St. Louis College of Pharmacy
1976-1977	Tery Baskin	University of Arkansas for Medical Sciences
1977-1978	James F. Emigh	Washington State University
1978-1979	Daryl R. Wesche	St. Louis College of Pharmacy
1979-1980	Brian A. McDonald	Ferris State University
1980-1981	Michael A. Moné	University of Florida
1981-1982	Dudley A. Demarest, Jr.	University of Maryland
1982-1983	George E. Jones, Jr.	University of Kentucky
1983-1984	Les E. Bennett	University of California, San Francisco
1984-1985	Jennifer S. Taylor	Drake University
1985-1986	Brockman E. Nyberg	Washington State University
1986-1987	Daniel C. Malone	University of Colorado

**American Pharmaceutical Association Academy of Students of Pharmacy (APhA-ASP)**

<u>Year</u>	<u>APhA-ASP Speaker</u>	<u>School or College of Pharmacy</u>
1987-1988	Bethany Boyd	The University of Texas at Austin
1988-1989	Lora Hummel Mayer	South Dakota State University
1989-1990	Patti L. Gasdek	Mercer University
1990-1991	Monique Jackson	Xavier University
1991-1992	Jill Bot	St. Louis College of Pharmacy
1992-1993	Valerie Prince	Mercer University
1993-1994	Shevan Graham	The University of Texas at Austin
1994-1995	Eric Wolford	University of North Carolina at Chapel Hill
1995-1996	Valerie Schmidt	West Virginia University
1996-1997	Trey Gardner	University of Arkansas for Medical Sciences
1997-1998	Trey Gardner*	University of Arkansas for Medical Sciences
1998-1999	Lawrence "LB" Brown	University of the Pacific
1999-2000	Macary Barba Weck	University of North Carolina at Chapel Hill
2000-2001	Joshua C. Welborn	University of Washington
2001-2002	Aubrey M. Giebeig	University of Florida
2002-2003	Heather R. Ferguson	The University of Georgia
2003-2004	Ami E. Doshi	Rutgers University

\* 1997-1998 Replaced Helen Park Mid-year



PAST SPEAKERS OF THE HOUSE OF DELEGATES

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**American Pharmacists Association Academy of Student Pharmacists (APhA-ASP)**

<u>Year</u>	<u>APhA-ASP Speaker</u>	<u>School or College of Pharmacy</u>
2004-2005	Collin S. Conway	University of Washington
2005-2006	Jennifer K. Short	University of New Mexico
2006-2007	Laura Yelvigj**	University of the Sciences in Philadelphia
2007-2008	Melissa Skelton Duke	University of New Mexico
2008-2009	Joey Mattingly	University of Kentucky
2009-2010	Alison Knutson	University of Minnesota
2010-2011	Veronica Vernon	Purdue University
2011-2012	Ashley Weems	Auburn University

\*\* 2006-2007 Replaced John Zeuli Mid-year