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 **FHOPA**

**Recognition Program**

**Application**

**Instructions**

Please complete the application in its entirety; only complete applications will be considered. Information provided in the application will be used to determine eligibility and ultimately, whether an individual candidate is deserving of Fellow status. Each application will be reviewed by the HOPA Recognition Committee which recommends to the Board of Directors whether a candidate should be awarded Fellow status. **Please read Application Guidelines document for additional information.**

The HOPA Recognition Committee will base its recommendation on the information provided in the application documents. Additional information such as samples of published works will not be considered. The candidate’s CV may be used to support the information provided in the application; candidates are required to complete each section of the application. An incomplete application or missing references may serve as a basis for denial of an application.

**Minimum Eligibility Requirements**

Candidates must be an active member of HOPA for a minimum of 10 years and must be employed for at least 10 years in an oncology related position (10 year HOPA membership may include 1 year of PGY2, excluding associate and student memberships). Members of the Recognition Committee and Board of Directors are not eligible for consideration during their term.

Successful candidates will document that they meet the minimum eligibility requirements, demonstrate that their professional activities exceed routine job functions and have:

* made a sustained contribution to HOPA
* made practice contributions to the field of hematology/oncology pharmacy
* participated in original research
* participated in volunteer service or philanthropic activities related to hematology/oncology pharmacy practice.

**Application process**

Members will self-nominate and submit an application packet containing the following components:

1. Application
2. A brief candidate statement (500 words or less)
3. CV
4. Photo

**Nomination letters**

In addition to the above documents candidates will be asked to provide nomination letters from two full HOPA members. Members of the HOPA Board of Directors and Recognition Committee may not nominate another HOPA member during his or her term on the board or committee. A template for nomination letters is provided and should be forwarded to the nominators, by the candidate, for completion. These letters must be completed by the nominators and returned directly to HOPA by **October 10, 2024.**

The nomination letters should include the following elements:

* 1. Name of nominee
	2. Name of nominator
	3. Define candidate’s professional relationship and length of time
	4. Statement of support as to why nominee is deserving of Fellow status, briefly touching on the four additional requirements

Email applications, nomination letter, CVs, and Photosto:

info@hoparx.org

All application materials must be received by **October 10, 2024**. Since candidates are required to obtain recommendation letters from third parties, they are encouraged to start the application process early to ensure timely receipt of all materials.

Please complete the application in its entirety. Your CV will be used for reference, but the committee will only award points based on what’s included in this document.

**Fellow Hematology/Oncology Pharmacy Association (FHOPA) Application**

**Candidate Information**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| City, State ZIP |  |  |  |
| Preferred e-mail  |  |
| Preferred phone |  |

**Minimum Eligibility Requirements**

*Add additional fields if necessary.*

**Membership**

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| --- | --- | --- | --- |
| HOPA member # |  | Member since date |  |

**Nominators**

*Must submit two*

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| --- | --- | --- | --- |
| Nominator Name |  | Email |  |
| Nominator Name |  | Email |  |

**Education**

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| College or university | Degree awarded | Date awarded |
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**Post Graduate Training**

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| Training | Institution | Program director/Preceptor | Completion date |
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**Professional Experience**

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| Employer/Institution | Dates | Title/Role |
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**Candidate Statement (500 words or less)**

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**Additional Requirements**

**Individual activities may be listed only once.** It is up to the candidate to determine the most appropriate section for each activity. Please review the scoring guideline document to determine the best category for your activity. You may add additional fields if necessary.

**1. Contributions to HOPA**

A. Presentations at HOPA-sponsored meetings (up to 15 of the most impactful)

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| --- | --- | --- |
| Date(s) | Meeting Name | Title of activity |
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B. HOPA BCOP Review Course Contribution

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| Date(s) | Description of contribution |
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C. HOPA professional development, standards, or research activity

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| Date(s) | Description of activity  |
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D. Contributions to HOPA publications (up to 15 of the most impactful)

Please list impact level rating if known. If you have access, you can find the [level of impact rating here](https://access.clarivate.com/login?app=jcr&referrer=target%3Dhttps:%2F%2Fjcr.clarivate.com%2Fjcr%2Fhome%3Fapp%3Djcr%26referrer%3Dtarget%253Dhttps:%252F%252Fjcr.clarivate.com%252Fjcr%252Fhome%26Init%3DYes%26authCode%3Dnull%26SrcApp%3DIC2LS&alternative=true&shibShireURL=https:%2F%2Flogin.incites.clarivate.com%2F%3FDestApp%3DIC2JCR%26amp;auth%3DShibboleth&shibReturnURL=https:%2F%2Flogin.incites.clarivate.com%2F)

(The impact rating is not required and will only be used as a reference for reviewers and will not contribute to your final contribution score.)

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| --- |
| Citation – **Please include DOI and/or PMID when applicable** |
| [ ] Primary author [ ] Senior author [ ] Co-author [ ] Reviewer [ ] Editorial board member [ ] Editor[ ] Case study [ ] Original research [ ] Review article [ ] Peer-reviewedImpact Level Rating:  |
| [ ] Primary author [ ] Senior author [ ] Co-author [ ] Reviewer [ ] Editorial board member [ ] Editor[ ] Case study [ ] Original research [ ] Review article [ ] Peer-reviewedImpact Level Rating: |
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| [ ] Primary author [ ] Senior author [ ] Co-author [ ] Reviewer [ ] Editorial board member [ ] Editor[ ] Case study [ ] Original research [ ] Review article [ ] Peer-reviewedImpact Level Rating: |
| [ ] Primary author [ ] Senior author [ ] Co-author [ ] Reviewer [ ] Editorial board member [ ] Editor[ ] Case study [ ] Original research [ ] Review article [ ] Peer-reviewedImpact Level Rating: |

HOPA Publications Terms

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| --- | --- | --- |
| Date(s) | Journal   | Role (Reviewer, Editorial Board Member, Editor |
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E. Service as a HOPA Committee Member or Leader (not as Board Liaison)

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| Date(s) | Committee/Subcommittee name  | Role |
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F. Service on HOPA Board of Directors

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| Date(s) | Position |
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G**.** Health policy advocacy on behalf of HOPA (not as Board Liaison)

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| Date(s) | Activity |
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H. Service on work group or taskforce as member or leader (not as Board Liaison)

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| Date(s) | Activity |
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I. Awards

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| Date(s) | Award |
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J. Other HOPA contributions (SIG Facilitator, HOPA Conference Buddy, HOPA Mentorship Program Participant, HOPA Poster Reviewer)

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| Date(s) | Activity |
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**2. Practice contributions to the field of hematology/oncology pharmacy**

*Add additional fields if necessary.*

A. Unique and/or innovative patient care service or educational programs developed

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| Dates | Description of activity or service | Local/regional/national/international |
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B. Certifications or other credentials earned; drug therapy management responsibilities

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| Date earned | Credential/responsibility description |
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C. ACPE-accredited educational presentations or ACPE-accredited online activity (up to 15 of the most impactful); Please include ACPE accreditation number

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| Date(s) | Title of activity  | Meeting name | Local/regional/national/international |
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D. Service to hematology/oncology-related publications (up to 15 of the most impactful)

Please list impact level rating if known. If you have access, you can find the [level of impact rating here](https://access.clarivate.com/login?app=jcr&referrer=target%3Dhttps:%2F%2Fjcr.clarivate.com%2Fjcr%2Fhome%3Fapp%3Djcr%26referrer%3Dtarget%253Dhttps:%252F%252Fjcr.clarivate.com%252Fjcr%252Fhome%26Init%3DYes%26authCode%3Dnull%26SrcApp%3DIC2LS&alternative=true&shibShireURL=https:%2F%2Flogin.incites.clarivate.com%2F%3FDestApp%3DIC2JCR%26amp;auth%3DShibboleth&shibReturnURL=https:%2F%2Flogin.incites.clarivate.com%2F)

(The impact rating is not required and will only be used as a reference for reviewers and will not contribute to your final contribution score.)

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| Citation **(Please include DOI/PMID when applicable)** |
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| [ ] Primary author [ ] Senior author [ ] Co-author [ ] Reviewer [ ] Editorial board member [ ] Editor[ ] Case study [ ] Original research [ ] Review article [ ] Peer-reviewedImpact Rating: |

Publication Term Roles

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| Date(s) | Journal   | Role (Reviewer, Editorial Board Member, Editor) |
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E. Professional Awards

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F. Health policy advocacy (legislative or regulatory; state or national; related to profession but not HOPA related)

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| Date | Activity description | Role | Local/state/national |
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G. Training contributions:

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| Date | Description-Students | Number of Students |
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| Date | Description- Residents | Resident Director (Yes or No)  | Resident Coordinator (Yes or No) | Number of Residents |
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| --- | --- | --- | --- |
| Date | Description- Fellows | Fellowship Director (Yes or No)  | Number of Fellows |
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H. Formal Contributions to Hem/Onc Professional Organizations

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| Date | Description (including role) |
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I. Other contributions (ex: BPS,BCOP Item writing, other organization)

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| Date | Description (including role) |
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**3. Original research**

*Add additional fields if necessary.*

A. Presentations (abstracts, posters)

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| --- | --- | --- | --- | --- |
| Dates | Title and meeting name, date (if published, cite publication) | Your role (ie, PI, co-I) and impact for the hematology/oncology pharmacy field | Funded by(if applicable) | Primary author, co-author, international/state |
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B. Funding

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| Dates | Title (if published, cite publication) | Your role and impact for the hematology/oncology pharmacy field Your role (ie, PI, co-I) and impact for the hematology/oncology pharmacy field | Funded by (government, HOPA research grant, foundation, industry, intramural) |
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C. Original research publications – Please include DOI/PMID where applicable

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| --- | --- |
| Date | Citation |
|  | [ ] Primary/senior author [ ] Co-author |
|  | [ ] Primary/senior author [ ] Co-author |
|  | [ ] Primary/senior author [ ] Co-author |
|  | [ ] Primary/senior author [ ] Co-author |
|  | [ ] Primary/senior author [ ] Co-author |

D. Other publications– Please include DOI/PMID where applicable

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| --- | --- | --- | --- |
| Dates | Title (if published, cite publication) | Your role and impact for the hematology/oncology pharmacy field | Funded by(if applicable) |
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**4. Volunteer service or philanthropic activities**

*Add additional fields if necessary.*

A. Service or activities for the profession

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| Dates | Description of activity or service and your role |
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B. Service or activities for the patients

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| Dates | Description of activity or service and your role |
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C. Service or activities for the cancer care community

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| Dates | Description of activity or service and your role |
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