



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:

- A. Application
- B. A brief candidate statement (500 words or less)
- C. CV
- D. 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, 2023**.

The nomination letters should include the following elements:

- a. Name of nominee
- b. Name of nominator
- c. Define candidate's professional relationship and length of time
- d. 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 Photos to:

info@hoparx.org

All application materials must be received by **October 10, 2023**. 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.

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

HOPA member #		Member since date	
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Nominators

Must submit two

Nominator Name		Email	
Nominator Name		Email	

Education

College or university	Degree awarded	Date awarded

Post Graduate Training

Training	Institution	Program director/Preceptor	Completion date

Professional Experience

Employer/Institution	Dates	Title/Role

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)

Date(s)	Meeting Name	Title of activity

B. HOPA BCOP Review Course Contribution

Date(s)	Description of contribution

C. HOPA professional development, standards, or research activity

Date(s)	Description of activity

D. Contributions to HOPA publications (up to 15 of the most impactful)

Citation
<input type="checkbox"/> Primary author <input type="checkbox"/> Co- author <input type="checkbox"/> Editor <input type="checkbox"/> Case study <input type="checkbox"/> Original research <input type="checkbox"/> Review article <input type="checkbox"/> Peer-reviewed
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Primary author Co-author Editor

Case study Original research Review article Peer-reviewed

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E. Service as a HOPA Committee Member or Leader (not as Board Liaison)

Date(s)	Committee/Subcommittee name	Role

F. Service on HOPA Board of Directors

Date(s)	Position

G. Health policy advocacy on behalf of HOPA (not as Board Liaison)

Date(s)	Activity

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

Date(s)	Activity

I. Awards

Date(s)	Award

J. Other HOPA contributions (SIG Facilitator, HOPA Buddy/Mentor, HOPA Poster Reviewer)

Date(s)	Activity

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

Dates	Description of activity or service	Local/regional/national/international

B. Certifications or other credentials earned; drug therapy management responsibilities

Date earned	Credential/responsibility description

C. ACPE-accredited educational presentations or ACPE-accredited online activity (up to 15 of the most impactful)

Date(s)	Title of activity	Meeting name	Local/regional/national/international

D. Service to hematology/oncology-related publications (up to 15 of the most impactful)

Citation
<input type="checkbox"/> Primary author <input type="checkbox"/> Co-author <input type="checkbox"/> Reviewer <input type="checkbox"/> Editorial board member <input type="checkbox"/> Editor <input type="checkbox"/> Case study <input type="checkbox"/> Original research <input type="checkbox"/> Review article <input type="checkbox"/> Peer-reviewed
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E. Professional Awards

Date	Title	Awarded by	Local/state/national

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

Date	Activity description	Role	Local/state/national

G. Training contributions:

Date	Description-Students	Number of Students

Date	Description- Residents	Resident Director (Yes or No)	Number of Residents

Date	Description- Fellows	Fellowship Director (Yes or No)	Number of Fellows

H. Formal Contributions to Hem/Onc Professional Organizations

Date	Description (including role)

I. Other contributions (ex: BPS,BCOP Item writing, other organization)

Date	Description (including role)

3. Original research

Add additional fields if necessary.

A. Presentations (abstracts, posters)

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

B. Funding

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)

C. Original research publications

Date	Citation
	<input type="checkbox"/> Primary/senior author <input type="checkbox"/> Co-author
	<input type="checkbox"/> Primary/senior author <input type="checkbox"/> Co-author
	<input type="checkbox"/> Primary/senior author <input type="checkbox"/> Co-author
	<input type="checkbox"/> Primary/senior author <input type="checkbox"/> Co-author
	<input type="checkbox"/> Primary/senior author <input type="checkbox"/> Co-author

D. Other publications

Dates	Title (if published, cite publication)	Your role and impact for the hematology/oncology pharmacy field	Funded by (if applicable)

4. Volunteer service or philanthropic activities

Add additional fields if necessary.

A. Service or activities for the profession

Dates	Description of activity or service and your role

B. Service or activities for the patients

Dates	Description of activity or service and your role

C. Service or activities for the cancer care community

Dates	Description of activity or service and your role