

Ohio College of Clinical Pharmacy BCPS Award Application

Section I

Name: _____

Position/Title: _____

Institution: _____

Address: _____

Telephone Number: _____ **Fax:** _____

E-mail: _____

In addition to completing Sections II and III as requested below, please **enclose a current copy of your curriculum vitae**, along with enclosures for Section IV, and return the completed application form to:

Mandy C. Leonard, Pharm.D., BCPS
President - OCCP
Department of Pharmacy – HB3
The Cleveland Clinic Foundation
9500 Euclid Avenue
Cleveland, OH 44195

Note: Application deadline is March 31st

Section II

Clinical Practice Description

Over ^o
(for Section III)

Section III

Statement of Purpose (please attach an additional page, if needed)

Section IV

2 - Letters of Support (please enclose)