



## Arkansas Association of Health-System Pharmacists

### Pharmacy Technician Certification Scholarship

The Arkansas Association of Health System Pharmacists (AAHP) is currently accepting applications for the 2016 Pharmacy Technician Certification Scholarship. This mission of AAHP is to represent our members by providing leadership and support in the promotion of pharmaceutical care.

AAHP serves its membership by pursuing common goals through representing private and public agencies as well as other health care organizations and promoting pharmacy as an essential component of the health care team. AAHP will award several scholarships in the 2016 year. The value of the scholarship equals the cost of registration for one PTCE national certification exam.

#### To qualify for this scholarship, a person

1. Must be a registered pharmacy technician in the state of Arkansas
2. Must have worked as a pharmacy technician for at least one year
3. Must have never received a prior AAHP scholarship

#### Necessary documents needed to complete the application

1. Scholarship Application form
2. Current resume
3. A letter of recommendation from the pharmacy director/pharmacist in charge at your current employment site.

#### Deadline and Submission

All required documents must be received by **September 30, 2015**. Mail all required documents to

Holly Katayama  
AAHP Technician Representative  
Baptist Health Medical Center - Pharmacy  
3333 Springhill Drive  
North Little Rock, AR 72117

This year's recipients will be notified by postal mail/email and announced at the AAHP Fall Seminar, October 2, 2015.



Arkansas Association of  
Health-System Pharmacists

PHARMACY TECHNICIAN SCHOLARSHIP APPLICATION FORM

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Member of AAHP: \_\_\_\_\_ No \_\_\_\_\_ Yes

Place of Employment: \_\_\_\_\_

Number of years at this place of employment: \_\_\_\_\_

Arkansas State Board of Pharmacy Technician Registration Permit Number: \_\_\_\_\_

(For example PT 12345)

If I am successful in gaining a scholarship, I give consent for my name and the award to be announced in publications and on the internet. Photographs of me may also be used in future promotional events.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date