



RxA's New Horizons Scholarship

The Alberta Pharmacists' Association (RxA) will award up to two scholarships to a candidate(s) who shows understanding of the role of RxA in Alberta pharmacy practice and how they will support the profession once licensed.

Up to two scholarships may be awarded and will consist of one thousand dollars (\$1,000) each.

Eligibility

- Currently enrolled in the University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences (FOPPS) Certificate to Canadian Pharmacy Practice (CCPP) program.
- Be an Alberta Resident.
- Be a Canadian Citizen or Permanent Resident of Canada.
- Currently an RxA Member.

Application Guidelines

1. Candidate Information

- Complete the Candidate Information section (see below). Applications must be typed.
- Sign and date your completed application.

2. 2-Part Essay (Complete both)

- Alberta has the widest scope of practice in the world and RxA is recognized by Alberta Health as a representative association for pharmacists in Alberta. In no more than 1000 words, describe how RxA advocates for the profession and what work it has done to achieve this scope and complementary reimbursement model.
- As you move forward to become practitioners in Alberta, you will have the responsibility or working in the unique Alberta practice model. In no more than 1000 words, describe how do you plan to utilize your experience to advocate for the profession and make an impact on your patients.



Award Presented

- Framed certificate and cheque
- Recipients will receive their awards at the 2024 APEX Awards
- Recipients will be promoted through RxA publications, website, and social media

How to Submit Application

- Submit your Candidate Information and Essay (see Nomination Guidelines) electronically to jody.johnson@rxa.ca no later than 11:59pm, by March 4, 2024.
- No late applications will be accepted. Please keep a copy for your records.
- Only the successful recipients will be notified.



ALBERTA PHARMACISTS' ASSOCIATION

Suite 208, 13220 St. Albert Trail Edmonton, AB T5L 4W1 • Tel: 780.990.0326

Candidate Information

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Birthdate (mm/dd/yy)	Telephone	

Mailing Address		

_____	_____	_____
City/Town, Province	Country	

_____	_____	_____
E-mail	U of A ID number (7 digit number)	

By signing this application, you acknowledge that all information is accurate and that you meet the eligibility requirements for this Scholarship.

_____	_____	_____
Name (Printed)	Signature	Date