



## RxA's New Horizons Scholarship

The Alberta Pharmacists' Association (RxA) will award up to 4 scholarships to 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 four scholarships may be awarded and will consist of five hundred dollars (\$500) 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. Essay question

*Alberta's pharmacy practice model is recognized globally for its innovation and comprehensive scope. Drawing on RxA's advocacy work and achievements, describe in 1200 words or less your vision for how pharmacists can further integrate into Alberta's healthcare system, such as within Primary Care, Continuing Care, or Mental Health and Addictions. How will you contribute to this vision as a practicing pharmacist?*



## Award Presented

- Framed certificate and cheque
- Recipients will receive their awards at the 2025 APEX Awards
- Recipients will be promoted through RxA publications, RxA website and social media

## How to Submit Application

- Submit your Candidate Information and Essay (see Nomination Guidelines) electronically to [megan.caslor@rxa.ca](mailto:megan.caslor@rxa.ca) no later than 11:59pm, by March 3, 2025.
- No late applications will be accepted. Please keep a copy for your records.
- Only 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