



PRACTICE AND TECHNOLOGY COMMITTEE (PTC) NOMINATION FORM

The Practice and Technology Committee (PTC) is a standing committee appointed by the South Carolina Board of Pharmacy, established to assist the Board with issues affecting pharmacy practice in our state. The PTC is convened to recommend policies, procedures, and guidelines pertaining to pharmacy practice and standards; to assist in the development of informational materials for circulation to licensees, registrants, and permit holders; and to provide input related to the use of health information technology, health information exchange systems, telemedicine/telepharmacy, telehealth, and other non-traditional service delivery models.

SECTION I

NOMINATING ORGANIZATION/INDIVIDUAL INFORMATION

This section should be completed by the nominating organization or individual. You may self-nominate.

Name of Nominating Organization/ Individual: _____

NOMINEE INFORMATION

Name: _____ SC Pharmacy License/Registration No.: _____
 (As shown on license)

Please indicate the practice area(s) for which the individual is being nominated.

- | | |
|---|---|
| <input type="checkbox"/> Acute Care, General/Internal Medicine | <input type="checkbox"/> Academia |
| <input type="checkbox"/> Acute Care, Specialty (Critical Care, Psych, Peds, etc.) | <input type="checkbox"/> Community, Management |
| <input type="checkbox"/> Esthetics/Medical Spas/IV Hydration | <input type="checkbox"/> Community, Chain |
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Community, Independent |
| <input type="checkbox"/> Ambulatory Care (Clinics/Collaborative Practice) | <input type="checkbox"/> FQHC |
| <input type="checkbox"/> Narcotic Treatment Programs | <input type="checkbox"/> 340B |
| <input type="checkbox"/> Home Infusion/Specialty | <input type="checkbox"/> Hospital/Health System |
| <input type="checkbox"/> Long Term Care/Gerontology | <input type="checkbox"/> Pharmacy Technician |

Provide a brief statement as to the qualification of the candidate for the position(s). You may attach an additional sheet if necessary.

Signature _____ Title: _____

