

South Carolina Department of Labor, Licensing and Regulation **South Carolina Board of Pharmacy** 110 Centerview Dr. • Columbia • SC • 29210 P.O. Box 11927 • Columbia • SC 29211-1927 Phone: 803-896-4700 • Contact.pharmacy@llr.sc.gov • Fax: 803-896-4596 llr.sc.gov/bop

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: S	SC Pharmacy License/Registration No.:	
(As shown on license)		
Please indicate the practice area(s) for which the individual is being nominated.		
□ Acute Care, General/Internal Medicine	□ Academia	
□ Acute Care, Specialty (Critical Care, Psych,	Peds, etc.)	
□ Esthetics/Medical Spas/IV Hydration	□ Community, Chain	
□ Infectious Disease	Community, Independent	
□ Ambulatory Care (Clinics/Collaborative Pra	ctice) \Box FQHC	
□ Narcotic Treatment Programs	□ 340B	
□ Home Infusion/Specialty	□ Hospital/Health System	
□ Long Term Care/Gerontology	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: _____

SECTION II

NOMINEE INFORMATION

This section should be completed by the individual being nominated.

Na	ame: SC Pharmacy License/Registration No.:
	ailing Address:
Ph	one:Email:
1.	If selected for the PTC, are you willing to attend meetings virtually in February, May, August, and October?
2.	Provide a brief statement as to your interest in serving on the Committee and the contribution that you feel you can make to the Committee. You may attach an additional sheet if necessary.
3.	I have attached my current resume or curriculum vitae to this form. \Box Yes \Box No
If	FTESTATION appointed by the Board, I agree to serve on the Board of Pharmacy's Practice and Technology ommittee, contribute to the work of the Committee, and regularly attend Committee meetings.
Si	ignature of Nominee Date
Pl	ease submit the completed form along with the nominee's resume or curriculum vitae to

<u>Contact.Pharmacy@llr.sc.gov</u> using the email subject line "Committee Nomination".