

PROCEEDINGS OF SEVENTY-FIRST ANNUAL MEETING

DISTRICT FIVE

THE NATIONAL ASSOCIATION
OF
BOARDS OF PHARMACY

THE AMERICAN ASSOCIATION
OF
COLLEGES OF PHARMACY

AUGUST 7 - 8 - 9, 2008

RAMADA PLAZA SUITES
FARGO, ND

Charles Peterson, PharmD
Chair for the Colleges

Howard C. Anderson, Jr., R.Ph.
Chair for the Boards

Howard C. Anderson, Jr. R.Ph.
Secretary/Treasurer



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**District Five NABP / AACP
71st Annual Meeting
Ramada Plaza Suites – Fargo, North Dakota
August 7-9, 2008**

Thursday August 7th, 2008

Registration	Outside of Crystal Ballroom I	1:00 – 8:00 PM
Dinner on Your Own		5:30 – 7:00 PM
Continuing Education (1.5 hours) Charles Peterson	Crystal Ballroom I	7:30 – 9:00 PM

Bridging the Divide: Connecting Four Generations of Pharmacists in the Workplace

Jason Dorsey, Generation Y Author and Speaker

Sponsored By Thrifty White

Best selling author, acclaimed speaker, and award winning entrepreneur, Jason Ryan Dorsey, has been featured on 60 Minutes, 20/20, NBC's Today Show, ABC's The View, in Fortune Magazine, The Wall Street Journal, and USA Today. For more information visit www.JasonDorsey.com

Dessert Reception	Mozart I + II	9:00 – 11:00 PM
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Friday August 8th, 2008

Breakfast / Registration	Outside Bach + Brahms Sponsored by Pharmacists Mutual Companies	7:30 – 8:50 AM
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<u>First Joint Session</u>	Bach	9:00 -10:30 AM
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Call to Order: Gary Dewhirst, President ND Board of Pharmacy

Report from NABP: Richard A. Palombo, President

Report from AACP: Marilyn Speedie, Past President

Report from ACPE: Greg Boyer – Assistant Executive Director

Report of District V and Committee Assignments:

Howard C. Anderson Jr.– District V Secretary/Treasurer

Break	Sponsored by Pharmacists Mutual Companies	10:30-10:45 AM
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Study Grant Report	Bach	10:45-11:30 AM
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Physician's Expectations & Perceptions of Pharmacists

Dr. Payal Patel – University of Manitoba – Faculty of Pharmacy

<i>Experiential Directors Report:</i>	Wanda Roden, R.Ph.	Bach	11:30-12:00 Noon
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Luncheon [Registrants/Guests]	Brahms Sponsored by CSM and Jerry Finken	12:00 -1:30 PM
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<u>Second Joint Session</u>	– Bach - Charles Peterson, NDSU (Presiding)	1:30 – 3:30 PM
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NABP Pharmacy Curriculum Outcomes Assessment (PCOA) – Does it meet the need for curriculum assessment ?

Overview of PCOA & NABP's Perspectives - Carmen Catizone, Executive Director, NABP

AACP Views & Perspectives – Marilyn Speedie, 2006-07 AACCP President, and Dean, U of M

ACPE Views & Perspectives - Greg Boyer, ACPE Associate Executive Director

<u>First Separate Session</u> (Refreshments served)		3:30 – 4:30 PM
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Boards: Bach

Review of State Internship Requirements and Discussion of Standardization around the New NABP Bylaw (May 2008) provision for “at least 1740 hours”.

Discussion of the use of Portfolios in Electronic or Paper format for assessment of Pharmacy Practice Experience.

Leader: Howard C. Anderson Jr.

Colleges: Brahms *Satisfying the ACPE Assessment Requirement: Sharing Solutions*

Can there be a standardized assessment tool for all ?

What about PCOA ? OSCE ? AACP Assessment Tools ? Other solutions ?

Other topics: Open Discussion

Leader: Donald Miller, Pharm.D.

Evening Events: Casual (Bib Overalls are permitted)

Sponsored by Dakota Drug

(Bus departs Ramada at 5:15 p.m. and will return at 9:15 p.m.)

Self-guided tours of	Bonanzville	5:30 – 6:30 PM
Cocktails (cash bar)	Dawson Hall	6:00 – 9:00 PM
Dinner (Registrants / Guests)	Dawson Hall	6:30 – 7:30 PM
History of North Dakota drawn by Steve Stark	Dawson Hall	7:00 – 8:00 PM
Musical Entertainment by Fauske Fiddlers	Dawson Hall	8:00 – 9:00 PM

Saturday August 9th, 2008

Breakfast Committee Meetings Brahms 7:30 – 8:30 AM

Sponsored by Pharmacists Mutual Companies

Third Joint Session: Bach - Charles Peterson, NDSU (Presiding) 8:30 -10:00 AM

Internships vs IPPE: Do we need both ?

Boards of Pharmacy – Brief Overview of Internships (Purpose, Goals, Desired Outcomes, Differences in Hours Required in District V States) – Howard C. Anderson Jr.

Colleges of Pharmacy – Brief Overview of IPPE (Purpose, Goals, Desired Outcomes, Hours Required) – Rebecca Focken, Pharm.D., IPPE Coordinator, NDSU

Group Discussion – Can District V States standardize internship hour requirements? Do we need both Internships and IPPE? Can IPPE and internship experiences be integrated in some way? Can any of the IPPE experiences satisfy any internship hours and requirements?

Break Sponsored by Pharmacists Mutual Companies 10:00-10:15 AM

Second Separate Session: 10:15-11:30 AM

Boards: Bach Leader; Ray Joubert, R.Ph. Registrar Saskatchewan: **Prescribing authority for pharmacists and pharmacists functioning on primary care teams.**

Speaker: Derek Jorgenson, Pharm D., Chair of the Saskatchewan Pharmacy Coalition of Primary Care

Colleges: Brahms *Satisfying the IPPE requirement: Sharing Solutions*

Can IPPE be integrated into the curriculum?

Does IPPE need to be separated from the curriculum?

Other topics: Open Discussion

Leader Rebecca Focken, Pharm.D., IPPE Coordinator, NDSU

Final Business Session – Committee Reports Bach 11:30 AM –12:30 PM

Presiding: Howard C Anderson, Jr, RPh – District Five Secretary / Treasurer

Committee Reports Resolutions - Nominations - Audit

Adjournment

Bridging the Divide: Connecting Four Generations of Pharmacists in the Workplace

Jason Ryan Dorsey, Generation Y Author and Speaker

For the first time in the US workforce, four generations are working side by side. This generational divide could lead to increased stress and problems in the workplace if we do not learn how to bridge the divide between the four generations.

A generation is defined as “a segment of a geographically linked population that experienced similar social and cultural events at roughly the same time in their maturation.” This leads the members of a generation to share similar beliefs, values, preferences, priorities, attitudes, expectations, and communication styles. Generational changes are primarily driven by parenting trends, technology, economics, and life spans. As the pace of change in these areas quickens, generations become shorter in duration.

The current workplace structure was invented by the Mature generation based on a military style. It was then perfected by the Baby Boomers, reluctantly inherited by Generation X, and now Generation Y feels no obligation to it.

Generation Y

Generation Y, also known as the Millennials, were born between 1977 and 1995. This generation was shaped by their Baby Boomer parents, the Internet boom, and September 11, 2001. This generation feels entitled because they have been continually saved by their parents, which makes them hunger for instant gratification. They also value lifestyle and relationships above work. Because their parents have told them to find a job that makes them happy, they are likely to decide on their first day of work how long they are going to stay at a job.

Generation X

Generation X was born between 1965 and 1977 and was shaped by events, such as Watergate, Vietnam War, and the PC Boom. The most defining and important workplace characteristic of this generation is “Prove it to me.” These people also are loyal employees, but tend to be loyal to individuals rather than organizations. They are motivated to learn skills, which they feel gives them options and security in the workforce.

Baby Boomers

Baby Boomers were born between 1946 to 1964, which included major events such as the Civil Rights Movement, assassination of leaders, and the Cold War. The term “workaholic” was coined to describe this generation as they define work ethic in hours per week. This generation also believes that the most direct path to success is to pay your dues.

Matures

Matures were born before 1946 and experienced the Great Depression, Pearl Harbor, and World War II. The members of this generation all have a military connection and believe it is more important to fit in than stand out.

Connecting the Generations

When leading a multigenerational workplace it is important to keep in mind that each generation thinks the one after it has it easier than they did and that they need to pay their dues the same way they did, but the right strategies and actions can bring all four generations together. For Generation Y, it is important for employers to show them how to itemize and prioritize and to provide continuous feedback in short bursts. Generation Y also appreciates being rewarded with time, because they value their life after work. Generation X engages when you talk to them with a short term focus and keep commitments. Baby Boomers are busy, but they appreciate

their contributions being acknowledged as long as it is kept short. You show the Mature respect by listening and asking questions based on their experience.

Some specific ways to cross the generational divide at work is to try some of these suggestions:

1. Make the first day at work unforgettable; eg. Give them their own business cards
2. Offer diverse incentive options that reinforce the actions and attitudes you desire in your organization, including financial or intangible
3. Catch your employees working and then tell someone important to them (parents, spouse, friends, children)
4. Include employees of all ages in your recruitment , interviewing, and training process
5. Creatively recognize and reward employee holidays and milestones- Gen Y appreciates birthday
6. Organize a company-wide or office-wide volunteer day
7. Invite employees of different ages to company meetings, community events, and industry conferences.
8. Create a Values Video by your employees for your employees
9. Designate a Heritage Hallway where photos that highlight your company's and employee's heritage can be displayed
10. Coach employees to ask for opportunity every day.

NABP/AACP District 5 Meeting
NABP Report
Delivered by President Rich Palombo

Good Morning:

It is a pleasure as President of NABP to be here today at the District 5 Meeting of the National Association of Boards of Pharmacy (NABP) and American Association of Colleges of Pharmacy (AACP). As President, one of the tasks that I could not wait to begin was bringing greetings to you on behalf of the Executive Committee and staff. I know you may think that I am just saying that but it is the truth. For the past few weeks when Carmen and I have been talking and meeting, I kept mentioning to him that I was anxious to begin my official assignments as President. In fact, I was ready to begin work, and actually did, as soon as the Annual Meeting ended.

So today, I am finally on the road and loving every minute of it. It is with this excitement and appreciation of your support that I thank all of you for being here and extend my special thanks to the chairs of this year's meeting, Howard Anderson, a man who needs no introduction or will introduce himself, better than anyone else can, and Charles Peterson, Dean of the North Dakota College of Pharmacy.

Before sharing with you the latest news from NABP, I would like to take a moment and recognize the District 5 representative to NABP, Lloyd Jessen, who has been extremely invaluable on the Executive Committee. Thank you Lloyd, for your service and dedication to NABP and the Executive Committee for surviving an unbelievably difficult time with the recent flooding.

I also ask that if there are any Past or Honorary Presidents of NABP present at this meeting to please stand and be recognized. Finally, also attending with me is Carmen Catizone, executive director of NABP, and Dana Oberman, Executive Meeting Planner Supervising Coordinator. If Dana, Carmen, or I can assist you in any way here at the meeting or in answering questions about NABP, please do not hesitate to ask.

One of the outcomes from the Annual Meeting that helped fuel my enthusiasm for the upcoming year was the influx of "new blood" that I witnessed at the Annual Meeting. It was rewarding to see so many new faces among the returning board members and hear them say, "This is my first NABP Annual Meeting; I think it is outstanding, and I'm planning on attending many more!" Such enthusiasm couldn't have come at a better time because we are going to "rock and roll" with new programs and initiatives that will provide even more resources to the states, and hopefully play a key role in redefining the practice of pharmacy. As in the past, we will need your support and leadership as we begin some aggressive initiatives.

As I mentioned earlier, I was anxious to attend this year's District Meetings because the District Meetings provide a unique forum to dialogue and interact at a much more personal level than the Annual Meeting or other national pharmacy meetings. The District Meetings are also special because of our partnership with AACP and the colleges and schools of pharmacy. The Executive Committee applauds AACP for the leadership it provides to the colleges and schools of pharmacy. We value our collaborations with AACP and the colleges and schools of pharmacy on so many projects of importance to pharmacy.

Last year, when Oren Peacock met with you as NABP President, he spoke about the ongoing NAPLEX/MPJE litigation, threat of counterfeit medications, new FPGEE Blueprint, and quality improvement and peer review. I congratulate Oren for the progress NABP made on those issues during his year as President. I wish we had more time to discuss all that occurred since last year and is occurring now but realize that my report should have a reasonable limit. In that context, let me briefly update you on what is occurring with NABP.

NAPLEX/MPJE Litigation

The litigation concerning the compromise of NAPLEX and MPJE items continues. NABP is involved in litigation at both the federal and state court levels. We are hopeful that a final outcome in both venues will come soon and result in restored respect for the integrity of the licensure process and educational system and ultimately in the protection of the public health. The facts and merits of the case have not been tried in any venue. We are still litigating issues concerning jurisdiction and sovereign immunity. It is a lengthy process and one NABP is committed to seeing through to the end.

NABP is currently reviewing the test maps of candidates that can be identified as principals in the compromise to determine if valid examinations were provided. If valid examinations were not provided because of the compromise of items, then NABP has no recourse but to invalidate the scores of these candidates, and in some cases licensed pharmacists. At this time, the scope of this latest effort is not known. We will inform the boards of anything we learn and the involvement and resulting exam map analysis of any and all individuals involved in this regretful compromise.

PCOA

In April of this year, NABP launched one of its newest programs, the Pharmacy Curriculum Outcomes Assessment (PCOA) mechanism. The intent of the tool was to assist with the review and development of pharmacy curriculums. It was developed in direct response to the requests of colleges and schools of pharmacy for objective and national data. The PCOA fills a void of information and supplements data that is currently being provided by the NAPLEX and MPJE examinations. We were quite pleased with the response of the colleges and schools of pharmacy to this new program and thank you for your support. Approximately 24 colleges and schools of pharmacy - 3652 students - participated in the first administration of the PCOA.

Results and individual score reports were forwarded to all participating schools and colleges of pharmacy just a few weeks ago. The results provide valuable performance data and can serve as a helpful tool for colleges and schools of pharmacy to review and modify, as necessary, their curriculums. In fact, there are no bad results, no bad data. The data help to review and explain the variations among programs and measure objectives the individual programs may have in place or trying to define.

The next administration of the PCOA will occur in March 9-20, 2009. Participation is open to all colleges and schools of pharmacy and all years of the pharmacy curriculum. Invitations to participate and information on the next administration have been forwarded to all of the colleges and schools of pharmacy. Presently, 16 schools have committed to participate. If your school or college is interested in participating, please do not hesitate to let Carmen, or Dana, or I know and we will make sure that our PCOA staff contact you with more details.

IDOI

Another new program launched by NABP just a few months ago is the Internet Drug Outlet Identification program. This program is designed to provide consumers, regulators, and interested stakeholders with critical information on Internet sites distributing and/or dispensing prescription medications. We have created three categories on our web site: those recommended by NABP, the Verified Internet Pharmacy Practice Sites (VIPPS), those sites whose public information has been reviewed and the site appears to be in compliance with state and federal laws and practice criteria developed by NABP, and sites that are not recommended by NABP because it appears that those sites may be operating illegally or in conflict with the practice standards criteria developed by NABP through a peer involvement and review process.

The response to this newest program has been most gratifying. NABP is hearing from patients, consumers, and law enforcement agencies about the value of the information and receiving offers of cooperation and promises to assist with efforts to stem the tide of Internet sites that are distributing drugs illegally and dangerously. We know that many of the states are struggling with this issue and hope that NABP's newest program will assist your efforts and provide a clearinghouse for information to be shared among the states and with federal agencies such as the Food and Drug Administration (FDA) and Drug Enforcement Administration (DEA).

Committees and Task Forces

The enthusiasm from the Annual Meeting also translated into a record number of requests to serve on NABP's committees and task forces from individuals who had never served before. I am pleased that the Executive Committee approved the formation of several task forces and committee pursuant to the resolutions adopted at the Annual Meeting and my personal requests. Let me share with you the objectives put for those task forces:

Task Force on Standardized Pharmacy Technician Education and Training – charged with examining the current state requirements for technician education, certification, and licensure and whether a requirement for standardized education for technicians is necessary and feasible;

Task Force to Review the Speaking Proficiency Requirement for FPGEC Certification – charged with looking at the present communication proficiency requirement in place for FPGEC Certification so as to assess that standard in the context of current pharmacy practice;

Task Force on Medication Collection Programs – an issue that is surfacing across the country and even beyond the state boards of pharmacy is how can medication collection programs be established that address a public health issue, diversion of drugs,

and environmental concerns (proper disposal of medications) without conflicting with state and federal laws is an interesting objective before another of NABP's task forces;

Task Force on Uniform Prescription Labeling Requirements – standardized prescription labeling requirements are critical for pharmacy practice particularly in today's practice which is no longer defined solely by state borders. Who else but the state boards of pharmacy and NABP can examine this issue and put forth recommendations to the states to update existing requirements and achieve much-needed uniformity?;

Task Force on Accreditation for Community Pharmacies – perhaps one of the most necessary and ambitious programs that NABP has ever become involved with is the accreditation of community pharmacies task force. Oren's directive to last year's task forces to focus on quality outcomes and peer review resulted in an important task force meeting, in which I was pleased to participate as the Executive Committee liaison. The Task Force on Continuous Quality Improvement, Peer Review and Inspecting for Patient Safety submitted a number of critical recommendations to the Executive Committee focusing on proactive measures to support the state boards of pharmacy as they strive to develop and implement continuous quality improvement programs. Part of the task force's charge was to evaluate the need for an assessment tool the boards of pharmacy could use to evaluate pharmacies in the area of patient safety as part of an overall continuous quality improvement program. As our discussions progressed, it soon became apparent that NABP could do more and could offer the boards more than an assessment tool.

It is evident that NABP is able to, and needs to, develop an accreditation program specifically designed for community pharmacy that will assist the boards of pharmacy and pharmacists in the development of continuous quality improvement and patient safety objectives and outcomes. Such an accreditation program can only be developed with input from you, the state boards of pharmacy, and other critical stakeholders. Once operational, the program will provide the boards of pharmacy with additional resources and information where resources no longer exist, or are being decreased, and where information does not exist or is not accessible. For the pharmacist, pharmacy, and patient communities the accreditation program can help to integrate and operationalize the patient directed activities of the pharmacist that must be implemented in order for pharmacy practice to succeed to the next level and provide for the dispensing of medications with the appropriate level of pharmacist care in an environment that can support such a transition.

The program envisioned by NABP will not compete with the current inspection processes of the state boards of pharmacy, but will complement these efforts. In some states, where inspections have not occurred in as long as 10 to 15 years, the program will provide necessary services and previously unavailable reports that the boards may analyze to identify areas of concern. Such a program will provide invaluable data to the boards about the pharmacies in their states and across the country. It will allow boards to focus their resources and expertise on more immediate and serious public health concerns.

I am amazed that I can be a part of a historic and monumental effort to impact and affect the practice and regulation of pharmacy practice. It is an exciting time for the state boards of pharmacy, pharmacists, pharmacy practice, patients, and NABP. It is a time to make the

differences that have been talked about and debated for too many years. It is a time to grab hold of the future and mold our dreams and ideals into REALITY!

Closing Comments

As you can tell, the accreditation of community pharmacies program is a tremendous undertaking and only one item of a full agenda before NABP. The agenda for NABP this year and in the future is defined by items that cut across all areas of pharmacy practice and regulation and could change the nature of pharmacy practice for years to come. From NABP's perspective, we are excited that so many critical issues have been directed to NABP for review and insight and quite pleased of the recognition of the role of the boards of pharmacy in developing and implementing standards and uniformity for the practice of pharmacy. The time is now for all of us to work together.

I am confident if we have your support and can turn to you for the leadership and direction that you have provided over the past 104 years, we can push forward together and we can make a difference.

These are daunting challenges. Rather than "move a mountain", I challenge you to climb the mountain with NABP to lift the practice of pharmacy to the high standards the public deserves. If we are successful in bringing the practice of pharmacy to a higher standard and improve patient safety, together, we will have successfully reached the peak of the mountain.

Again, thank you for your support of NABP and attending this District Meeting.



2008 AACP/NABP District Meetings
AACP Report Talking Points – Marilyn Speedie, Past President

- A privilege to once again have this opportunity to engage both the regulatory and academic community in dialogue about important issues in the profession of pharmacy and specifically examine what we need to be doing to increase the safety and effectiveness of medication use; our thanks to the planners of the meeting for that hard, but effective work.
- AACP continues to find value in our collaborations with NABP – both one-on-one and in partnerships with other groups and alliances such as JCPP and the Pharmacy Manpower Project
- It certainly is a dynamic time in pharmacy education with 9 new schools achieving pre-candidate status in 2008 – this brings the total of schools recognized by ACPE and admitting students in Fall 2008 to 111 and, yes, there are still more in formation. We are aware of at least 10 that have hired or at least begun searching for their founding dean.
- The great news is that there is still a very strong applicant pool of extremely qualified and gifted young people seeking admission to these expanding number of programs. We are truly blessed with the quality and diversity of students seeking a PharmD education today. We now have over 70 schools participating in the centralized application service and in Cycle #5 just concluded almost 16,000 applicants submitted over 70,000 applications through the system. In these unsettled economic times, PharmCAS represents a form of insurance to participating schools that they will have the greatest visibility to the largest pool of future pharmacy talent to fill classes with superbly qualified students.
- AACP's highest priorities are very connected to the dynamics of the growth we have experienced in pharmacy education in these last 5 to 10 years. In our close working

relations with ACPE, the quality assurance arm of pharmacy education, we know we must insure ---

- Sufficient faculty, both in numbers and qualifications, to insure that these future pharmacists are being educated by individuals with exemplary knowledge and skills and the ability to translate that into the best possible education – recruitment and retention of faculty is a top AACP priority and we are launching a communications campaign to invite PharmD students, residents, fellows, graduate students and postdocs, along with nontraditional candidates in practice and scientific fields outside pharmacy education, to strongly consider the best position in pharmacy – academia.
- Our second priority seeks to insure that the curriculums of all schools of pharmacy are keeping pace with the rate of change in health care – this cuts across the sciences of all the “omics”, clinical pharmacotherapeutics that insures optimal outcomes from medication use, and the administrative, social and behavioral sciences
- We aim to take a more strategic approach to work in global pharmacy education and have announced the formation, with partners from around the world, of the Global Alliance for Pharmacy Education.
- And perhaps our biggest challenge is insuring that there are enough high quality clinical education sites for both introductory and advanced experiential education which now comprises 30% of the PharmD curriculum
- AACP members share the commitment to the highest quality pharmacy education and practice which we know the state boards of pharmacy were designed to oversee and insure to the public
- We applaud the priority of NABP’s current president, Rich Palumbo, in the area of establishing an accreditation system for community pharmacy; interestingly, exactly this type of quality assurance system for pharmacy practice was included among the recommendations of the AACP Argus Commission (our last 5 presidents) in their 2007 report on implications of the IOM report on preventing medication errors. We look forward to learning if there are opportunities to assist NABP as you pursue this goal.
- There are many areas where schools and state boards of pharmacy must collaborate, but none are more timely or important than in the arena of experiential education. I mentioned that this now comprises 30% of the PharmD curriculum and in at least one case it is more than half of the academic program. AACP has committed a substantial amount of time and attention to assisting our member institutions in enhancing both IPPEs and APPEs under the current accreditation standards and we will continue to do so as there is so much important work to be done.
- But we need the help of our state boards of pharmacy. Over the past year of implementation of the new accreditation standards which contain a more explicit quantification of time in introductory experiences of 300 hours in the first three years

and 1440 in the advanced practice rotations we have become aware of many scenarios where there is incompatibility between the academic plan and state regulation of internship. Issues such as students not being able to secure intern licenses or permits until they have completed a full year of pharmacy school, the continued demand for additional hours – as high as 800 or 900 in some cases – of paid internship time over and above the 1740 hours in the curriculum which must not be paid hours, and mandates that too narrowly specify where the state board believes internship or IPPE/APPE time must be accrued.

- We are confident we can go home from these meetings and have college-to-board focused discussions on these issues that are causing concern and stress across the country and encourage at the end of the day that all boards rewrite these provisions in your regulations to recognize all 1740 hours as sufficient to permit a new graduate with appropriate national board scores into licensure in your state.
- We will do our part, nationally, regionally and locally to insure the educational experience is sound, challenging and of the highest quality. We look forward to collaborating with NABP and boards of pharmacy on important quality assurance and
- improvement efforts to advance pharmacy and fulfill our mutual obligation to the publics we serve.
- Thanks for your attention!



ACPE Discussion at District V Meeting

J. Gregory Boyer, Ph.D. - Assistant Executive Director
Accreditation Council for Pharmacy Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109

The Charge: Discuss ACPS's perspective and views on NABP's PCOA curriculum assessment program as to whether or not this meets the ACPE standards for pharmacy schools regarding curriculum assessment.

A review of relevant standards from Standards 2007 includes:

Standard 3: Evaluation of Achievement of Mission and Goals

The college or school *must* establish and implement an evaluation plan that assesses achievement of the mission and goals. The evaluation must measure the extent to which the desired outcomes of the professional degree program (including assessments of

student learning and *evaluation of the effectiveness of the curriculum*) are being achieved....

Guideline 3.3: In general, the assessments in the evaluation plan *should*

- include, where available, standardized or common instruments and data, such as those available through AACP and NABP, to allow comparisons with other accredited professional degree programs and peer colleges and schools

Standard 10: Curriculum Development, Delivery, and Improvement

The college or school's faculty must be responsible for the development, organization, delivery, and *improvement* of the curriculum....

Guideline 10.2: The curriculum committee must have adequate resources to serve as the central body for the management of orderly and systematic reviews of curricular structure, content, process, and outcomes, *based on assessment data*.

Standard 15: Assessment & Evaluation of Student Learning and Curricular Effectiveness

As a component of its evaluation plan, the college or school must develop and carry out assessment activities to collect information about the attainment of desired student learning outcomes. The assessment activities must employ *a variety of valid and reliable measures systematically and sequentially* throughout the professional degree program. The college or school *must use the analysis of assessment measures* to improve student learning and the achievement of professional competencies.

Guideline 15.1 (one component)

- Incorporate periodic, psychometrically sound, comprehensive, knowledge-based, and performance-based formative and summative assessments, including *nationally standardized assessments* (in addition to graduates' performance on licensure examinations) that allow comparisons and benchmarks with all accredited and peer institutions.

Standard 13: Curricular Core—Knowledge, Skills, Attitudes, & Values

To provide the thorough scientific foundation necessary for achievement of the professional competencies, the curriculum of the professional degree program must contain the following:

- biomedical sciences
- pharmaceutical sciences
- social/behavioral/administrative sciences
- clinical sciences

Appendix B: Guidance on Science Foundation in Curriculum

- Referenced in Standard 13: Curricular Core—Knowledge, Skills, Attitudes, and Values)
- Identified by ACPE stakeholders (faculty, practitioners, regulators, etc.)
- Didactic Source of the Science Foundation
- Pre-pharmacy Curriculum & Professional Curriculum (majority)
- Elements of the Science Foundation
 - *Basic Biomedical Sciences* (anatomy, pathology, etc.)
 - *Pharmaceutical Sciences* (medicinal chemistry, pharmacology, etc.)
 - *Social/Behavioral/Administrative Sciences* (economics, practice management, etc.)
 - *Clinical Sciences* (pharmacy practice, pharmacotherapy, etc.)

A review of Standards 2007 Rubric Data from 14 comprehensive evaluations during 2007-2008 that are relevant to this discussion include:

ACPE Standard	Meets	Meets c/ Monitoring	Partially Meets	Does Not Meet
3. Evaluation of Achievement of Mission and Goals	2	5	7	0
10. Curricular Development, Delivery, and Improvement	2	8	4	0
13. Curricular Core— Knowledge, Skills, Attitudes, and Values	7	7	0	0
15. Assessment and Evaluation of Student Learning and Curricular Effectiveness	4	4	5	1

What is Needed to Meet ACPE Standards for Mission & Goals and Curricular Assessment?

- Functioning committees (Assessment & Curriculum)
- Documented plans for assessment
- Variety of measures or data sources
- Evidence of implementation of the plans
- Evidence of improvements made following assessment findings

What’s PCOA Role in Meeting ACPE Standards for Assessing Mission and Goals and Curricular Assessment?

- Could be one of the variety of components

How Useful is the PCOA?

- Time will tell, good place to start might be end of P3 year since all didactic coursework would be concluded

SECRETARY/TREASURER’S REPORT

Howard C. Anderson, Jr, R.Ph.

Thank you for the opportunity to serve you during this past year. I trust you have all recovered financially from your excursion in Deadwood, South Dakota one year ago. You will notice that we have removed all of the slot machines and blackjack tables from this hotel for the duration of this conference.

We look forward to an interesting agenda and a good meeting. We had a very successful year under the guidance of Dennis Jones and Brian Katz, in South Dakota last year and we will have a successful year here in Fargo, North Dakota this year. I want to thank Dean Peterson and his staff as they have done a large portion of the work for this meeting.

of the patients they survey. In order to change our role, we must understand doctor's current beliefs and attitudes towards pharmacy and pharmacists.

The objective of this study was to survey all primary care physicians in Manitoba with a two part questionnaire. 9721 primary care physicians were sent a letter of invitation/ survey with a follow up letter sent 3 weeks later. They had approximately a 30% response rate with the make- up of the respondents being 63% male and 37% female. The average length of practice of the physicians responding is 25 years and 20% know a pharmacist personally. Each physician sees on average 20-40 patients a day, with a range from 1-50+.

Part 1 of the survey centered on physicians' experiences with community pharmacists. Doctors thought that pharmacists contributed positively to patient care in many ways, including over-the-counter recommendations and medication education. They also believed that pharmacists have a role beyond dispensing. Of the physicians responding, 86% believed that pharmacists are useful in identifying problems and 65% do a good job counseling patients. However, doctors are annoyed to be contacted for prescription refills and feel that pharmacists should rather educate the patients on how to use medications. Physicians are also undecided whether pharmacists should be involved in educating patients on non-pharmaceutical strategies or disease prevention. The negative feelings doctors have towards pharmacists are more with those in chain drug stores, believing that they are more interested in profit than patient care, compared to their rural counterparts.

Part 2 of the survey focused on the future role of pharmacists in the health care setting. A majority of respondents believed that pharmacists have a future role in lifestyle education and comprehensive medication review, but only 17% feel comfortable with providing a patient's medical record to facilitate this review. To make our help even more difficult, only 50% were willing to share their therapeutic goals for the patient with a pharmacist. Physicians also strongly disagree with a future possibility of pharmacists ordering labs or adjusting doses of chronic medications. On the other hand, many doctors were open to having a consultant pharmacist in clinics focusing on compliance and adverse drug reactions with patients.

Overall, older doctors were less open to new roles for pharmacists compared to younger doctors. All physicians, however, had the same complaint that pharmacists are more likely to contact a doctor about "problems" rather than calling to talk about a patient's treatment plan and goals. But despite the doctor's negative comments, they are in general encouraging of supportive roles of pharmacists.

District V Experiential Workgroup Report

Wanda Roden, Director of Experiential Education
North Dakota State University

The accomplishments of 2007 include four of the seven US schools have standardized their APPE schedules as of Fall 2008. Minnesota, North Dakota, Creighton, Iowa, and Drake have standardized “Student Evaluation of Preceptor” and all schools have implemented Quality Assurance processes.

The standardization of APPE rotation schedules are still being worked on. NDSU and U of M have matched since 2006/2007. Iowa and Drake will begin total match for the 2009/2010 year, with SDSU matching in the following school year. Creighton has 8 APPE rotations-5 weeks each- beginning 2 weeks later because P3s have work after the semester which precludes them from aligning. Nebraska also has difficulty aligning because they have 4-10 week rotations that coincide with their school of medicine.

The 2007 Accreditation Standards have remained unchanged, so schools are trying to determine how to implement 300 hours of IPPE, mandatory training for new preceptors and preceptor development, and quality assurance/assessment of sites and preceptors. For IPPE, each school has or will have implemented a fully developed plan by Fall 2009. Iowa, Drake, and Creighton in collaboration with Iowa Pharmacy Association are providing CE credits for preceptor training /development. There are also individual programs in place for preceptor development from organizations, such as APhA and US Pharmacists that offer free training for members. All schools are using the Quality Assurance form developed by the workgroup in 2006, but there are problems with storage of data and retrieval of reports that the workgroup is working on fixing.

Future goals for District V Experiential Education Directors are to work with AACCP to standardize the IPPE preceptor/student evaluation and collaborate to develop IPPE outcomes and assessment technologies. They are also considering the feasibility of developing a quality assurance site/preceptor database and continuing to work on preceptor training and development opportunities.

District V can help the Experiential Directors by considering the requirement for IPPE/APPE internship hours and increasing the ratio of students/preceptors from 1:1 to 2:1.

**NABP Pharmacy Curriculum Outcomes Assessment (PCOA):
Does it meet the need for curriculum assessment?**

Carmen Catizone, Executive Director, NABP
Marilyn Speedie, 2006-2007 AACCP President and Dean, U of M
Greg Boyer, ACPE Associate Executive Director

Overview of PCOA and NABP's Perspective

An assessment is meant to answer the questions of who, what, when, where, and how. PCOA was developed because institutions expressed a need for a national assessment, so NABP coordinated efforts with interested stakeholders to conceptualize an assessment tool. NABP also has a commitment to support pharmacy education and objective, uniform standards and metrics. PCOA is a psychometrically validated, national assessment designed to assist schools and colleges of pharmacy with decisions regarding curricular assessment and student performance within the pharmacy curriculum.

There are many myths surrounding PCOA including questions about its validity, whether this is an appropriate role for NABP, and the possibility of the misuse of data from the assessment. PCOA was developed using standard test development and psychometric principles and is based on the content of the ACPE standards. Data was collected from 55 US pharmacy programs about their curriculum and the results were incorporated into a survey to be sent to all US colleges of pharmacy. Forty-one programs responded and helped determine the allocation of questions/competencies within the exam.

PCOA can be utilized by pharmacy schools to measure student performance compared to a national sample and to document student improvement after curriculum modifications or updates. PCOA content domains include the four identified by the ACPE standards: basic biomedical sciences, pharmaceutical sciences, social/behavioral/ administrative pharmacy, and clinical sciences. This assessment tool has a reliability index of 0.91 for the total examination, which is an acceptable range for even high stakes exams and indicates that scores are reproducible and consistent. A letter of interest was sent to all colleges in early July and registration materials will be made available in September. The deadline for registration is December 19, 2008 and the test will be administered on March 9-20, 2009.

AACP Views & Perspectives

The standards state that schools need to assess the knowledge, skills, and attitudes of current students, the ability of individual graduates to meet goals of curriculum, success of a college in meeting all its missions, and the continuing competence of pharmacists. These can be assessed through course exams, portfolios, milestone or cumulative knowledge exams (PCOA), NAPLEX, and employer feedback.

The question is where PCOA will fit in for colleges and will it be used as a milestone exam or a high stakes exam. Also there are questions of how well it will work with the varied curriculum of all the colleges. In the end, each school needs to put together a set of tools to assess the effectiveness of its program and individual learning and if PCOA can be a part of that.

ACPE Views & Perspectives

Standard 3: Evaluation of Achievement of Mission and Goals discusses the need to evaluate the effectiveness of curriculum and should include standardized or common instruments and data to allow comparison with other programs. Standard 10: Continuing Development of Delivery and Improvement focuses on structure, content, process, and outcome based assessment. Standard 15: Assessment and Evaluation of Student Learning and Curriculum Effectiveness is looking for nationally standardized assessments in addition to NAPLEX. Standard 13: Curriculum Core with Appendix B has a table of content very similar to PCOA. Thus, ACPE does not want to force schools into one assessment, but believes that PCOA could be one of a variety of components for use and only time will tell how useful it will be.

Panel Discussion

Questions arouse whether PCOA should be used as a formative or summative assessment and what exactly it is measuring. It was determined that each school must use it for their own needs and that the real benefit may be in the third year because each school has a different curriculum. There was also a worry about justifying the expense without a reason or history of using or taking the exam. Overall, there is still a lot to be discussed about the role of PCOA in school assessment.

The final business session of the District V NABP/AACP began on Saturday August 9th, 2008 at 11:30 AM in the Bach room of the Ramada Plaza Suites in Fargo, North Dakota. Howard C. Anderson, Jr, R.Ph, District V Secretary/Treasurer called the meeting to order.

Audit Committee

Cody Wiberg, R.Ph., Chairman of the Audit Committee reported for the Committee, that the finances of the organization appeared to be in good shape and that all of the income and expenses had been properly accounted for.

It was moved, seconded and carried to approve the Audit Report and the motion carried.

Resolutions Committee

Carlton Crawford reported for the Resolution Committee. He began with Resolution #5 to be sure that anyone who wanted to participate in the discussion on the only substantive resolution being proposed would not have to leave early and miss the discussion.

After considerable discussion of resolution number 5, input from NABP Executive Director Carmen Catizone and many others, it was moved to adopt the gist of the resolution and to direct the Secretary/Treasurer to draft the resolution using the Minnesota Board of Pharmacy template and the American Medical Association's guidelines on proper patient / physician relationships into a Resolution that requires a pharmacist only fill a prescription which is based on a valid patient/physician/pharmacist relationship. The Boards of Pharmacy present all voted aye – the motion carried.

The final language of this resolution will be emailed to each of the Executive Directors of the member Boards for approval. This will be done before this resolution is forwarded to NABP.

Carlton then read resolution numbers 1 – 2 – 3 - 4 and placed the resolutions before the group. It was moved and seconded to approve all four resolutions as a package. The motion carried.

The Resolutions are on the pages following this report.

Nominations Committee

Kevin Borchert of the Nebraska Board of Pharmacy reported for the Nominations Committee. He reported that the Nominations Committee were nominating Kay Hanson of the MN Board of Pharmacy for the NABP Resolutions Committee and Robert Marshall of NE as the Alternate.

Secretary/Treasurer Anderson called three times for further nominations, there were none forthcoming. The Boards of Pharmacy present all voted aye – the motion carried.

Time & Place Committee

The report of the Time & Place Committee for the 2009 Annual Meeting was given by Kevin Borchert of the Nebraska Board of Pharmacy and Charles Krobot of the University of Nebraska. They invited the District to Omaha for the 2009 Annual Meeting and are still finalizing arrangements. As soon as the arrangements are finalized the information will be forwarded to both NABP and Secretary/Treasurer Anderson.

Lloyd Jessen of the Iowa Board of Pharmacy will welcome the District to Iowa in 2010, indicating that Iowa had decided to hold the 2010 Meeting at the Amana Colonies and that he would be working in conjunction with the University of Iowa on the meeting.

Discussion ensued about the rotation schedule for the District V Annual Meeting. Ray Joubert of the Saskatchewan College of Pharmacists indicated that Saskatchewan would like to host a meeting in the near future. Cody Wiberg spoke for the Minnesota Board saying that they would be happy to defer for an additional year to allow Saskatchewan to host the 2011 Annual Meeting. All the Members seemed satisfied with inserting Saskatchewan in the rotation schedule beginning in 2011. No other changes were made.

There being no further business, the meeting was adjourned.

Respectfully Submitted by Howard C. Anderson, Jr, R.Ph. Executive Secretary/Treasurer



RESOLUTIONS - AUGUST 7-8-9, 2008

RESOLUTION# 1: Recognition of Annual Meeting Sponsors

WHEREAS, the 71st Annual Meeting of District V NABP/AACP could not have been conducted without the generous support of these participating companies: **Baxter Healthcare**

Corporation – Clinical Supplies Management – Dakota Drug – HLR Service Corp – Long-Term-Care Pharmacy Alliance – Medco Health Solutions – NACDS – NDSU College of Pharmacy - Omnicare Inc – Pharmacists Mutual – Thrifty White Drug – Walgreens – Wal-Mart

Corporation

THEREFORE BE IT RESOLVED, by the Body of District V NABP/AACP that we express our sincere thanks and appreciation for their support.

Submitted by: District V Resolutions Committee

RESOLUTION #2: Recognition of Host Organizations

WHEREAS, the staff/members of the North Dakota State Board of Pharmacy, have contributed time and energy in meeting preparation, and

WHEREAS, the staff/faculty of the College of Pharmacy, North Dakota State University, has also contributed many hours preparing for this meeting,

THEREFORE BE IT RESOLVED, that the Body of District V NABP/AACP go on record expressing their sincere appreciation for the kind hospitality and thoughtful planning to conduct a highly productive and successful Annual Meeting.

Submitted by: District V Resolutions Committee

RESOLUTION #3: District V Study Grant

WHEREAS, In 1994 the District V NABP/AACP instituted the District V Study Grant, and WHEREAS, Projects supported by the Study Grant benefit the Board, Colleges, and Pharmacists of District V; and

WHEREAS, There are sufficient funds in the District treasury to support continuation of the Study Grant,

THEREFORE BE IT RESOLVED, that District V NABP/AACP offer a 2008/2009 Study Grant not to exceed \$3,000.00 for a project meeting the criteria and topic selected by the District V Study Grant Committee.

Submitted by: District V Resolutions Committee

RESOLUTION #4: Howard C. Anderson Jr. Honorarium.

WHEREAS, Howard C. Anderson Jr. has contributed to District V NABP/AACP through his excellent dedicated leadership and service as Secretary/Treasurer; and

WHEREAS, Such services are essential to the operations and functioning of District V NABP/AACP;

THEREFORE BE IT RESOLVED, That the members of the 70th Annual Meeting of District V go on record to express our joint and mutual appreciation for his distinguished and faithful service; and

THEREFORE BE IT FURTHER RESOLVED, That District V issue Howard C. Anderson an honorarium in the amount of \$2,500.00.

Submitted by: District V Resolutions Committee

RESOLUTION #5 Valid Patient Care Relationships

Purpose/Objective: To promote the pharmacist's role in ensuring valid patient care relationships.

WHEREAS, there has been an increase in concern and actual deaths, resulting from prescriptions being issued and dispensed pursuant to an invalid patient care relationship, and

WHEREAS, pharmacists play a significant role in ensuring the safe and proper use of medications.

WHEREAS, the NABP Model Act currently contains language that states; "Prescription Drug Order" means a lawful order from a Practitioner for a Drug or Device for a specific patient, including orders from Collaborative Pharmacy Practice, where a valid Patient-Practitioner relationship exists, that is communicated to a Pharmacist in a licensed Pharmacy.

"Valid Patient-Practitioner Relationship" means the following have been established:

- a) The patient has a legitimate medical complaint;
- b) a medical history has been taken;
- c) a face –to-face physical examination adequate to establish the medical complaint has been performed by the prescribing practitioner or in the instances of telemedicine through telemedicine practice approved by the appropriate Practitioner Board; and
- d) Some logical connection exists between the medical complaint, the medical history, the physical examination and the Drug prescribed.
- e) A valid Patient-Practitioner Relationship includes a relationship with a consulting practitioner or a practitioner, to which a patient has been referred, or a covering practitioner, or an appropriate practitioner-board-approved telemedicine practitioner providing that a physical examination has been performed by the patient's primary practitioner.

THEREFORE BE IT RESOLVED, that NABP District V recommends to the Committee on Law Enforcement and Legislation and the Executive Committee of NABP that the Model State Pharmacy Act language be modified to include these two subsections:

- f. The prescribing practitioner is issuing a prescription or dispensing a legend drug in accordance with expedited partner therapy in the management of sexually transmitted diseases guidance document issued by the United States centers for Disease Control.
- g. The prescription, administration, or dispensing is through a public health clinic or other distribution mechanism approved by the state health authority in order to

prevent, mitigate or treat a pandemic illness, infectious disease outbreak, intentional or accidental release of a biological, chemical, or radiological agent.

THEREFORE BE IT FURTHER RESOLVED, that District V NABP/AACP encourage each jurisdiction to follow the lead of Minnesota, Arkansas and others, to protect the public by adopting similar legislation in their jurisdiction's Medical Practice Act, Consumer Fraud Protection Act and Pharmacy Practice Act.

Suggested by: Ronald Guse, Manitoba

Submitted by: District V NABP/AACP



**SPONSORS OF THE 71ST ANNUAL DISTRICT
V NABP/AACP MEETING**

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THANK YOU ALL VERY MUCH!

NDSU College of Pharmacy
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Fargo ND 58105-5055

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Omnicare Inc
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Sheila Welle
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Hawley, MN 56549

Gary Boehler, R.Ph.
Thrifty White Drug Stores \$ 5,000
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Deerfield IL 60015

Mr. Tim Koch
Director of Prof Services & Relations
Wal-Mart Corporation \$ 1,000

**FINANCIAL STATEMENTS
 DISTRICT V NABP/AACP**

Balance Sheet as of 6/30/08

ASSETS

Cash and Bank Accounts	\$ 36,184.71
<u>Liabilities & Equity</u>	0.00
<u>TOTAL</u>	\$ 36,184.71

Profit and Loss Statement July 1, 2007 through June 30, 2008

Income

Annual Meeting:	Registrations	12,685.00
	Sponsorships	<u>30,010.00</u>
		42,695.00
Dues		650.00
Interest on Account		<u>237.86</u>
	TOTAL INCOME	\$ 43,582.86

Expenses

Annual Meeting:	Entertainment	3,500.00
	Hotel	6,137.67
	Speakers	<u>4,160.16</u>
		\$ 13,797.83
Annual Report Printing		298.92
Honorarium		2,500.00
Study Grant		<u>3,000.00</u>
	TOTAL EXPENSES	- \$ 19,596.75
	OVERALL TOTAL	\$ 23,986.11

LAST	FIRST	ORGANIZATION	ADDRESS	CITY	STATE	ZIP
Anderson	Howard	ND Board of Pharmacy	P O Box 1354	Bismarck	ND	58502-1354
Anderson	Joan	North Dakota	P O Box 70	Turtle Lake	ND	58575-0070
Barr	Curt	Creighton University	2500 California Plaza	Omaha	NE	68178
Bergrud	Karen	MN Board of Pharmacy	503 Fairway Ct N	Stewartville	MN	55976
Berntsen	Bernard	IA Board of Pharmacy	1190 Indian Creek Circle	Marion	IA	52302
Bladow	Steven	NDSU College of Pharmacy	Box 5055	Fargo	ND	58105-5055
Boehler	Gary	Thrifty White Drug Co	4840 Harbor Lane	Plymouth	MN	55446-3474
Boling	Aftin	North Dakota	8716 N Project Rd #D	Burlington	ND	58722
Boling	Joshua	North Dakota	8716 N Project Rd #D	Burlington	ND	58722
Borcher	Kevin	NE Board of Pharmacy	14910 Karen Street	Omaha	NE	68137
Boyer	Greg	ACPE	20 N Clark Street #2500	Chicago	IL	60602-5109
Bradberry	J. Chris	Creighton University	4424 North 93 Street	Omaha	NE	68178
Brinkley	Fred	Medco Health Solutions	4557 Golf Vista Drive	Austin	TX	78730
Burgess	Phil	Walgreen Co	200 Wilmot Rd MS #2194	Deerfield	IL	60015
Carter	Rod	Univer of MN, College of Pharmacy	308 Harvard Street SE	Minneapolis	MN	55455
Catizone	Carmen	NABP	1600Feehanville Drive	Mount Prospect	IL	60056
Collins	David	Faculty of Pharmacy- Univ of MB	Apotex Center 750 McDermot Ave	Winnipeg	Manitoba	R3E 0T5
Cope	Michelle	NACDS	P O Box 1417-D49	Alexandria	VA	22306
Crawford	Carleton	MN Board of Pharmacy	3244 38th Ave S	Minneapolis	MN	55404
Detwiller	Rick	ND Board of Pharmacy	1900 Harbor Drive	Bismarck	ND	58504
Detwiller	Nancy	North Dakota	1900 Harbor Drive	Bismarck	ND	58504
Dewhirst	Gary	ND Board of Pharmacy	P O Box 148	Hettinger	ND	58639-0148
Dewhirst	Debbie	North Dakota	P O Box 148	Hettinger	ND	58639-0148
Dickson	Thomas	MN Board of Pharmacy	317 S Ugstad Road	Duluth	MN	55810
Dobesh	Dennis	IA Board of Pharmacy	1206 South 15th Ave West	Newton	IA	50208
Fitzpatrick	William	Omnicare Inc	100 East River Center Blvd # 1500	Covington	KY	41011
Focken	Rebecca	NDSU College of Pharmacy	Box 5055	Fargo	ND	58105-5055

Frenzel	Jeanne	NDSU College of Pharmacy	Box 5055	Fargo	ND	58105-5055
Furneaux	George	Saskatchewan College of Pharmacists	700-4010 Pasqua Street	Regina	Saskatchewan	S4S 7B9
Grosz	William	North Dakota	P O Box 804	Wahpeton	ND	58074-0804
Guse	Naomi	Manitoba Canada				
Guse	Ronald	Manitoba Pharmaceutical Assn	187 St Mary's Road	Winnipeg	Manitoba	R2H 1J2
Ham-Burr	Arlene	SD Board of Pharmacy	560177 Villagio Lane	Rapid City	SD	57701
Hansen	Daniel	SDSU College of Pharmacy	Box 2202C	Brookings	SD	57007
Hanson	Kay	MN Board of Pharmacy	9208 Dunbar Knoll North	Brooklyn Park	MN	5543
Haroldson	Laurel	ND Board of Pharmacy	230 17th Ave NE	Jamestown	ND	58401
Hedge	Dennis	SDSU College of Pharmacy	P O Box 2202C	Brookings	SD	57007-0099
Huether	Ronald	SD Board of Pharmacy	2205 E 52nd Street	Sioux Falls	SD	57103
Ikram-UI-Huq		MN Board of Pharmacy	8749 134th Street	Apple Valley	MN	55124
Janke	Kristin	University of MN	1692 Galway lane	Eagan	MN	55122
Jassey	Stacey	MN Board of Pharmacy	17253 Weaver Lake Drive	Maple Grove	MN	55311
Jessen	Lloyd	IA Board of Pharmacy	400 SW 8th Street Suite E	Des Moines	IA	50309-4688
Jones	Randy	SD Board of Pharmacy	4305 S Louise Ave #104	Sioux Falls	SD	57106
Jorgenson	Derek	Univ of Saskatchewan	935 Budz Green	Saskatoon	Saskatchewan	S7N-4M9
Joubert	Ray	Saskatchewan College of Pharmacists	700 - 4010 Pasqua Street	Regina	Saskatchewan	S4S 7B9
Kleiman	Nancy	Faculty of Pharmacy- Univ of MB		Winnipeg	Manitoba	R3T 2N2
Koch	Tim	Wal-Mart Corp	3802 SW Lone Oake Ave 986000 Nebraska Medical Center	Bentonville	AR	72712 68198-6000
Krobot	Charles	University of NE		Omaha	NE	
Larson	Curtis	CVS Pharmacy	2414 35th Ave S	Fargo	ND	58104
Liebe	Arvid	SD Board of Pharmacy	104 West 8th Ave	Milbank	SD	57252
Maier	Edward	IA Board of Pharmacy	PO Box 67	Mapleton	IA	51034-0067
Mann	Henry	Univ of MN, College of Pharmacy	308 Harvard Street SE	Minneapolis	MN	55455
Marshall	Robert	Vital Care Pharmacy	1310 N 13th Street #3	Norfolk	NE	68701-2592
McKinstry	Earl	SD Board of Pharmacy	13053 Big Elk Drive	Piedmont	SD	57769
McKinstry	Janell	South Dakota	13053 Big Elk Drive	Piedmont	SD	57769

Miller	Donald	NDSU College of Pharmacy	Box 5055	Fargo	ND	58105-5055
Naughton	Cynthia	NDSU College of Pharmacy	Box 5055	Fargo	ND	58105-5055
Oberman	Dana	NABP	1600 Feehanville Drive	Mount Prospect	IL	60056
Olson	Leman	IA Board of Pharmacy	40 Oak Run Drive	Mason City	IA	50401
Palombo	Richard	NABP	1600 Feehanville Drive	Mount Prospect	IL	60056
Patel	Payal	University of Manitoba	50 Sifton Road	Winnepeg	Manitoba	R3T 2N2
Peterson	Charles	NDSU College of Pharmacy	P O Box 5055	Fargo	ND	58105-5055
Peterson	Connie	North Dakota	3805 10th Street N	Fargo	ND	58102
Peterson	Lori	NDSU College of Pharmacy	Sudro Hall 123	Fargo	ND	58105
Reist	Jeffrey	U of IA College of Pharmacy	115 S Grand Ave	Iowa City	IA	52404
Roden	Wanda	NDSU College of Pharmacy	Box 5055	Fargo	ND	58105-5055
Rospond	Raylene	Drake Univ College of Pharmacy	2507 University Ave	Des Moines	IA	50311-4505
Rule	Anne	Purdue Pharma	6 Lamatan Road	Newark	DE	19711
Scherr	Ted	Dakota Drug Inc	P O Box 5009	Minot	ND	58702-5009
Schneider	Gary	MN Board of Pharmacy	12910 37th Ave N	Plymouth	MN	55441
Schwab	Michael	ND Pharmacists Association	1641 Capitol Way	Bismarck	ND	58501-2195
Scott	David	NDSU College of Pharmacy	118 K Sudro Hall	Fargo	ND	58105
Seifert	Randy	U of MN College of Pharmacy	232 Life Science - 1110 Kirby Drive	Duluth	MN	55812
Setzepfandt	Scott	Hoffman La Roche	19645 Irland Way	Lakeville	MN	55044
Speedie	Marilyn	U of MN College of Pharmacy	308 Harvard ST SE, 5-130 WDH	Minneapolis	MN	55455-0343
Tanke	Sara	NDSU College of Pharmacy	Sudro Hall 123	Fargo	ND	58105
Thom	Bonnie	ND Board of Pharmacy	5372 15th Ave N	Granville	ND	58741
Valentine	Nicole	NACDS	80 South Eighth Street #900	Minneapolis	MN	55402
Vess Halbur	Kimberly	NDSU College of Pharmacy	Box 5055	Fargo	ND	58105-5055
Werremeyer	Amy	NDSU College of Pharmacy	Box 5055	Fargo	ND	58105-5055
Wiberg	Cody	MN Board of Pharmacy	2829 University Ave SE #530	Minneapolis	MN	55414
Ziegler	Dale	North Dakota	1630 Round Hill Drive	Fargo	ND	58104

Ziegler

Gayle

ND Board of Pharmacy

1630 Round Hill Drive

Fargo

ND

58104