Technical Appendix K

Technical Considerations for Student Chapters
(Accepted August 2004; amended August 2005)

1. Formation of an ISPE Student Chapter

a. Complete the ISPE Student Chapter Application

b. Send a letter to the ISPE Executive Secretary. With the letter, include the following information:

- ISPE Student Chapter permanent address, phone number, and fax number

- ISPE Student Chapter faculty advisor, including an explanation of why this person is capable of serving as a faculty advisor for this organization (the faculty advisor must be a member of ISPE)

- ISPE Student Chapter Officers, including contact information for each. At least half of the Student Chapter officers must be members of ISPE

- A letter indicating that the ISPE Student Chapter has approval from the University

- A detailed description of the student interest and capacity in forming an ISPE Student Chapter (i.e. Why do the students at your university want to form an ISPE Student Chapter?)

- An outline of how often the Student Chapter will meet and types of pharmacoepidemiologic activities it plans to participate in

2. Requirements:

a. The President of the ISPE Student Chapter, in cooperation with the Faculty Advisor, is required to submit an annual report to the ISPE Board of Directors by July 1 of each year highlighting the activities of the Student Chapter over the previous year, demonstrating the benefits to students from being involved in the ISPE Student Chapter, and identifying potential activities in the next year.

b. Criteria
(Amended August 2005; amended April, 2014)

Membership Numbers: there is NO minimum number of students required to form a chapter, as long as the condition is met that at least 25% of those student members must be current ISPE members.

ISPE Student Chapter Application Form

Program/University Name:
_____

Faculty Advisor

Name: _____

Position: _____

Address:_____

City: _____ State/Province _____ Zip/Postal Code: _____

Email:_____Phone:_____ Fax:_____

Chapter President

Name: _____

Position: _____

Address:_____

Email: _____Phone:_____ Fax:_____

Officers

Vice President: _____Email:_____

Secretary: _____Email:_____

Treasurer: _____Email:_____

Please submit this application to:
ISPE
4800 Hampden Ln, Suite 200
Bethesda, MD USA 20814