



MICHIGAN PHARMACISTS ASSOCIATION

MPA INFORMATION SHARING REQUEST FORM

Pharmacy-affiliated organizations often request that Michigan Pharmacists Association (MPA) provide event, survey and other organization-related information to MPA members. As of June 1, 2019, organizations must complete this form in order for MPA to effectively evaluate whether to distribute requested information to its members. Requests must be received at least 30 days in advance of distribution. MPA will review the request and respond to the contact person within 10 days of receipt of the request. Fees may be assessed based on method of distribution.

If MPA approves your request, you will be asked to provide specific verbiage to be included with the advertisement.

REQUESTOR CONTACT INFORMATION

First Name: _____ Last Name: _____

Organization: _____

Phone Number: _____ Email: _____

DETAILS

Please check the most appropriate box related to the material that you would like distributed.

Program/Event/Continuing Education Activity

Activity Name: _____

Activity Date: _____ Activity Time: _____

Activity Location: _____

Distribution Date: _____

Survey/Research

Provide information related to the principal investigator (if different than requestor listed at the top of this form).

Principal Investigator: _____

Title of Principal Investigator: _____

Institution/Employer of Principal Investigator: _____

Address: _____

Phone Number _____ Email: _____

Names of Additional Investigators: _____

Provide details related to the survey.

Survey Name: _____

Survey Details (continued)

Topic: _____

Dates for Data Collection: _____

Purpose of Research Topic: _____

Intended Use of Survey Results: _____

Plans to Use/Share Survey Results: _____

Does the survey require institutional review board approval? Yes No

Will the responses of participants be anonymous? Yes No

Additional Information: _____

TARGET AUDIENCE

Please check the most appropriate box(es) related to who you would like information distributed to.

- | | |
|--|---|
| <input type="checkbox"/> Community Pharmacists | <input type="checkbox"/> MPA Members Only |
| <input type="checkbox"/> Consultant Pharmacists | <input type="checkbox"/> All Contacts Available (includes MPA members and limited nonmember and associate contacts) |
| <input type="checkbox"/> Health-System Pharmacists | |
| <input type="checkbox"/> Pharmacy Technicians | |
| <input type="checkbox"/> Student Pharmacists | |
| <input type="checkbox"/> Other (be specific) _____ | |

METHOD OF DISTRIBUTION

Please select how you would like this information advertised.

- Michigan Pharmacist* Journal (printed quarterly publication mailed January, April, July, October) – May require content to be received 60 days in advance
- PRN (electronic newsletter distributed bi-weekly)
- Consultant and Specialty Pharmacists of Michigan *The Consultant* (electronic newsletter distributed January, June, October)
- Michigan Society of Community Pharmacists *Community Connection* (electronic newsletter distributed February, June, October)
- Michigan Society of Health-System Pharmacists *Monitor* (electronic distributed monthly)
- Michigan Society of Pharmacy Technicians *Tech Connect* (electronic newsletter distributed January, June, October)
- Postal mailing

ADDITIONAL INFORMATION

Please provide additional information that will assist MPA in evaluating the request.