

## Mission of SCSHP

The mission of SCSHP is to support and promote safe and effective pharmacy care for every person in the state of South Carolina.

Goals for the organization:

1. Promote the appropriate and safe use of medicine.
2. Expand member services and involvement.
3. Be pro-active regarding professional and legislative issues.
4. Continue to expand education and training programs.
5. Promote and expand the role of pharmacy technician.
6. Promote public relations/consumer awareness of pharmacists and technicians in organized healthcare settings.

Become involved in SCSHP and be involved in advancing the practice of pharmacy!

**SCSHP**  
**2304 Killearn Center Blvd., Ste B**  
**Tallahassee, FL 32309**  
**877-256-7021 ph**  
**850-906-9345 fax**  
**[www.scs hp.com](http://www.scs hp.com)**

# SCSHP

South Carolina  
Society of  
Health-System  
Pharmacists



## Membership Application

[www.scs hp.com](http://www.scs hp.com)

## SCSHP Membership provides you with the following benefits:

**STRENGTH IN NUMBERS:** When SCSHP members speak as "one voice" advocating for or against an issue or legislation, we are heard. SCSHP represents its members before the Board of Pharmacy and the South Carolina House of Representatives and Senate.

**INVEST IN YOUR FUTURE:** The best approach is to "be the change, not be forced to react to it." SCSHP offers the pharmacy professional the best opportunity to stay informed, be connected and make the most of one's career.

**LEGAL AFFAIRS:** We keep members abreast of legislative issues affecting the practice of pharmacy and maintain contact with key officials; SCSHP also actively lobbies for our interests.

**REGULATORY AFFAIRS:** The Society stays on top of regulatory issues affecting the practice of pharmacy with representation on every Board of Pharmacy Committee.

**CONTINUING EDUCATION:** Recognized as a premier health-system pharmacy organization within South Carolina for quality programming with International, National and Local Speakers.

**LEADERSHIP OPPORTUNITIES:** SCSHP offers several leadership positions within the state that allow a professional to grow and become more marketable themselves.

**NETWORKING OPPORTUNITIES:** Member's Only access on the SCSHP website gives you a searchable directory and immediate access to SCSHP members across the state

**BEST PRACTICE SHARING:** Through the SCSHP website and CE programs, members share best practices from around the state.

**CAREER CENTER:** Job opportunities at your fingertips, whether you're hiring or looking to be hired!

**IMAGE ENHANCEMENT:** Employers recognize and appreciate that you are an active member of your professional association. As a member of SCSHP, you are demonstrating your commitment to a career - not just a job.

# SCSHP Membership Application

Name \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Title/Position \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

SC License No. \_\_\_\_\_ Email \_\_\_\_\_

### Membership categories/dues:

\_\_\_ Pharmacist \$75

\_\_\_ Associate \$75

(Members who by their work in the health services, the teaching of prospective health-system pharmacists or otherwise are contributing to health-system pharmacy)

\_\_\_ Pharmacy Technician \$25

State Certified \_\_\_yes \_\_\_no

\_\_\_ Pharmacy Student \$25

\_\_\_ New Grad (within last 12 months)

### Networks:

\_\_\_ Administrative

Network

\_\_\_ Oncology

Network

\_\_\_ Technician

Network

RENEWAL \_\_\_ NEW MEMBER \_\_\_ RECRUITER \_\_\_\_\_

### Committee Interest:

\_\_\_ Continuing Education

\_\_\_ Newsletter

\_\_\_ Public Relations

\_\_\_ Membership

\_\_\_ Legal/Regulatory

\_\_\_ Nominations/Elections

\_\_\_ Awards

\_\_\_ Finance

\_\_\_ Professional Affairs

\_\_\_ ASHP Member

(check if yes)

### Mail or Fax dues to:

SCSHP

2304 Killearn Center Blvd., Ste B

Tallahassee, FL 32309

**FAX:** 850-906-9345

### Method of Payment:

Check # \_\_\_\_\_ (payable to SCSHP)

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX \_\_\_ Discover

Card# \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

If you have questions about your membership or need additional membership applications, please call **877-256-7021** or visit us online, [www.scs hp.com](http://www.scs hp.com)