

This application is not open to lobbyists representing pharmaceutical industry, healthcare/pharmaceutical consultants and employees of the pharmaceutical industry. [P&T Operational Policy](#)

Instructions: Please complete this application for consideration for membership on the AHCCCS P&T Committee. If questions are not applicable, enter "NA". *Note: in addition to this application, applicants should include a resume and/or curricula vitae.*

Type of Application:

Position applying for (select category then choose from dropdown):

Initial Appointment

Health care provider

Reappointment

Other: _____

Members of the public

AHCCCS Managed Care Organizations (MCOs) and Regional Behavioral Health Authority (RBHA) representatives:

PERSONAL INFORMATION

1. Name

LAST

FIRST

MIDDLE

Address (street or post office box)

ADDRESS

CITY

STATE

ZIP

COUNTY

2. Contact

HOME PHONE

OFFICE PHONE

MOBILE

EMAIL

FAX

3. Current Employment

Not Applicable

BUSINESS/ORGANIZATION NAME

CURRENT POSITION/TITLE

ADDRESS

CITY

STATE

ZIP

PHONE

4. **Professional Licenses, Registrations, Certifications and/or Experience:**

5. **Experience with AHCCCS Programs:**

6. **Are you currently an AHCCCS registered provider?** Yes No

CONFLICT OF INTEREST DISCLOSURE

The AHCCCS Pharmacy and Therapeutics Committee (P&T) members, applicants and persons speaking or presenting to the Committee are asked to disclose any financial or other affiliation with organizations that may have a direct or indirect interest in the business in front of the Committee. Members of the P&T Committee disclose potential conflicts annually.

A financial interest may include, but is not limited to, being a shareholder in the organization, being on retainer with the organization, or having research or honoraria paid by the organization or receiving other forms of remuneration from an organization.

An affiliation may include holding a position on an advisory committee or some other role or benefit to a supporting organization.

The existence of such financial relationships or affiliation does not necessarily constitute a conflict of interest and will not preclude an individual from participating or addressing the P&T Committee. This policy is intended to openly identify any potential conflicts so that the P&T Committee members are able to form an unbiased judgment of the specific drug or therapeutic class being evaluated.

Please check the box of the statement that best applies:

Statement of No Conflicts

I do not have a current or recent (within the last 24 months) financial arrangement or affiliation with any organization that may have a direct interest in the business before the AHCCCS P&T Committee.

Disclosures

I have a financial interest, affiliation or am employed by an organization that may have a direct interest in the business before the AHCCCS P&T Committee.

Organization (List additional on the back of the form if necessary.)	Role / Relationship (List additional on the back of the form if necessary.)

Name _____

Date _____

Signature _____