

National Drug Scheduling Advisory Committee (NDSAC)

Application to fill a vacant position on the NDSAC

General Contact Information	
Name:	
Address* (City, Province):	
Email:	Telephone #:

**Please note applicants must have Canadian residency to be considered for the NDSAC*

Statement of Interest
<p><i>Please briefly describe why you would like to serve as a volunteer member on the NDSAC.</i></p>

Relevant Skills and Experience
<p><i>Please briefly outline what skills and experience you would bring to the NDSAC that would allow you to meet the following criteria for an NDSAC member: an appreciation of the health, pharmaceutical and marketplace contexts in which the Committee's recommendations will have impact, objective analytical skills, and an ability to serve in the best interests of the Canadian public.</i></p>

Please briefly outline what skills and experience you would bring to the NDSAC that would allow you to meet the following criteria for an NDSAC member: no personal stake in the scheduling recommendations of the committee and a high degree of integrity.

Please briefly outline what skills and experience you would bring to the NDSAC that would allow you to meet the following criteria for an NDSAC member: respect for the confidential nature of the proprietary information under study.

Please briefly outline what skills and experiences you would bring to the NDSAC that meet the position description outlined in the NDSAC recruitment notice.

Please briefly outline what skills and experience you would bring to the NDSAC that would allow you to meet the following criteria for an NDSAC member: effective interpersonal skills relevant to committee dynamics, including a brief description of current or past committee work.

References

Please provide contact information for two references that would be able to speak to your qualifications and suitability as a member of the NDSAC.

Reference 1:	Reference 2:
Name:	Name:
Organization:	Organization:
Email:	Email:
Telephone #:	Telephone #:

Please attach one (1) letter of recommendation from an individual or body with knowledge of your background and expertise that does not present a real or perceived conflict of interest related to the NDS program (e.g. pharmacy regulatory authority, medical regulatory authority, university faculty, medical associations). This letter can be from one of the above references.

Curriculum Vitae OR Resume

Please attach a recent copy of your CV or Resume