

Biographical Questionnaire

The following biographical questionnaire is part of the on-going program of the American Institute of the History of Pharmacy to document the history of the profession. We ask you to fill out the questionnaire, add your own pages as necessary, plus contribute labeled photographs (location, date, names) or articles if available to make the record as complete as possible. Please mail the hard-copy materials to the address below. They will be added to the Institute's reference collection for the use of future historians. (Do not send videotapes, audiotapes, CDs or DVDs.) Materials will not be returned.

1. FULL NAME AND MAILING ADDRESS: _____ EMAIL ADDRESS: _____

2. FULL NAMES OF FATHER AND MOTHER AND THEIR OCCUPATIONS:

3. DATE AND PLACE OF YOUR BIRTH:

4. PLACE WHERE YOU GREW UP AND HOW YOU CHOSE YOUR CAREER PATH:

5. NAME OF SPOUSE AND CHILDREN (INDICATE IF ANY ARE PHARMACISTS):

6. EDUCATION HISTORY AND DEGREES RECEIVED:

7. PROFESSIONAL LICENSURE (OCCUPATION, LOCATION, AND DATES):

8. PROFESSIONAL CAREER (POSITIONS, PLACES, DATES):

9. IF PHARMACY OWNER, PLEASE INCLUDE NAME, LOCATION, AND DATES OF OPERATION:

10. MEMBERSHIP IN PROFESSIONAL, SCIENTIFIC, OR ACADEMIC ORGANIZATIONS (INCLUDE OFFICES):

11. CIVIC, PUBLIC, OR GOVERNMENTAL SERVICE WITH DATES AND LOCATIONS:

12. HONORS, CITATIONS, AWARDS, OR OTHER SPECIAL RECOGNITION:

13. PHASE OF LIFE THAT HAS PROVIDED THE MOST SATISFACTION:

14. PERSONS MOST INFLUENTIAL PROFESSIONALLY AND HOW:

15. HOBBIES, INCLUDING PHARMACEUTICAL COLLECTING:

16. PRINCIPAL PUBLICATIONS (COMPLETE CITATIONS):

17. LITERATURE REFERENCES TO BIOGRAPHICAL SKETCHES OR ARTICLES:

18. OTHER AUTOBIOGRAPHICAL COMMENTS OR INFORMATION:

_____ DATE

_____ SIGNATURE

INFORMATION IS RELEASED IMMEDIATELY TO RESEARCHERS.

INFORMATION OPEN AFTER _____ (DATE)

Please feel free to include other flat paper items such as copies of citations, pharmacy labels, etc.

MAIL all materials to: AIHP, 777 Highland Ave., Madison, WI 53705

EMAIL completed questionnaire to KRFquestionnaire@aihp.org

Thank you for filling out this questionnaire and sending it into the Institute. It will be placed in an archival folder in the Kremers Reference Files, part of the historical collections housed at the University of Wisconsin School of Pharmacy. The information will not be sold.