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**Membership Application (DPH-2 & DPH-3)**

If you are interested in becoming a member of PLS, please send your completed application in **.pdf** format with the title **PLS application-last name, first name** to Miranda Bowers ([mkbowers@wisc.edu](mailto:mkbowers@wisc.edu)) no later than September 16th at 11:59 pm. If selected to join, attendance is mandatory at the induction ceremony which will take place in the Spring 2019.

In addition to this application form please submit your CV (please put it at the end of this application form) and a letter of recommendation (see instructions at end of form).

**Qualifications for membership are as follows:**

(1) G.P.A. of at least 2.5

(2) Completion of at least two semesters of the professional program at the UW SOP.

(3) Demonstrable leadership within the School of Pharmacy and pharmacy profession

(4) Sponsorship by the current PLS membership

Full Name (including middle) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of PLS Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person sending in letter of recommendation and their relationship to you (boss, coworker, professor, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied to PLS before? Yes or No

Have you completed the LDT before? Yes or No If yes, when?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Short Answer Questions Directions:**

Questions 1,2, and 3 are required. Select***one*** prompt between numbers 4, 5, and 6 to answer. Prompt number 7 is optional. Word limits should be strictly followed.

1. (Required) Talk about your leadership style. Use a personal example that showcases qualities that you believe a good leader possesses. (Maximum of 300 words)

2. (Required) What do you hope to contribute to the School of Pharmacy through involvement in Phi Lambda Sigma? What do you hope to gain from being a member of Phi Lambda Sigma? (Maximum of 200 words).

3. (Required) Why is it important for pharmacists to develop their leadership skills? (Maximum of 200 words)

4.Talk about a time you were an effective leader, but did not hold an official title/position to execute that leadership. (Maximum of 200 words).

5.Talk about a time you failed. (Maximum of 200 words).

6.Who or what inspires you and how has that shaped your leadership style? (Maximum of 200 words).

7. (Optional) What else do you want to tell us about your leadership that wasn't addressed so far? (Maximum of 200 words).

**Letter of Recommendation Instructions:**

-The letter of recommendation may be written by a professor, boss, coworker, friend or other individual (excluding family members) who can speak to your leadership abilities.

-Completed letter should be emailed to Miranda Bowers ([mkbowers@wisc.edu](mailto:mkbowers@wisc.edu)) no later than September 16th 11:59 pm.

**Check List for Complete Application:**

-This application form

-CV: attach to the end of this application as one document

-Sponsorship from a current PLS member (indicate sponsor on this form)

-Letter of Recommendation (indicate who is sending it on this form)