



**College of Pharmacy and Health Sciences
Department of Pharmacy Practice**

Date:

Request for Approval of Outside Consulting

INSTRUCTIONS: Pursuant to section 5.26 of the Faculty Manual, each faculty member requesting approval for outside consulting should submit this form to his or her department chair, who will forward it to the Dean for consideration. Approval for each activity must be obtained in advance of the activity.

Faculty Member Name		
Department: PHARMACY PRACTICE		
Rank:	<input type="checkbox"/> Full time _____%time	<input type="checkbox"/> 9-month <input type="checkbox"/> 12-month

Name and type of agency for which work is to be performed:			Public:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Other:
			Private:	<input type="checkbox"/> Profit	<input type="checkbox"/> Nonprofit	
Work to be performed:						
Work to be performed for:			Estimate number of days (8hrs=1day):	Dates to be performed From: To:		

Will University facilities and/or other employees be used? If so, specify arrangements for University reimbursement:
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Is the organization for which the work is performed one in which you, your spouse, or your children: <input type="checkbox"/> Yes <input type="checkbox"/> No own equity/stock or are a partner? <input type="checkbox"/> Yes <input type="checkbox"/> No hold a management position? <input type="checkbox"/> Yes <input type="checkbox"/> No participate in its on-going operations? <input type="checkbox"/> Yes <input type="checkbox"/> No have a continuing role in the scientific/technical program of the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No will be transferring/applying non-patented technology or information developed at Drake University

Will there be any effect on your regularly assigned University duties? If so, specify:	Number of days previously requested during this academic year:
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Statement in support of request:

Signature

Evaluation by Chair: <input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended Comments:	Signature
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Evaluation by Dean: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved Comments:	Signature
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