**BALLOT**

**2020 Board of Directors**

**Deadline: 5 p.m., Thursday, September 12, 2019
We encourage you to exercise this important privilege of membership.**



*Members Who are Eligible to Vote:*

Active

Active-Joint

Active Member Retired

Residents/Fellows

*How to Vote:* Complete this ballot. Either

* Complete form below, scan and email to the CSHP office: office@cshponline.org
* Mail page 1 to the CSHP office: CSHP c/o The Association Advantage
591 North Avenue, Ste. 3-2, Wakefield, MA 01880-1617
* OR print page 1 of your completed ballot and fax to the CSHP office 781/245-6487

A downloadable ballot also is available at [www.cshponline.org](http://www.cshponline.org)

Questions? Contact Agnes Krudsz-Zajac

*The following individuals will complete multi-year terms. No vote is required.*

* **President** (2019 President-elect): **Elizabeth A. Cohen, PharmD, BCPS;** Clinical Pharmacy Specialist and Residency Program Director for solid organ transplant, Yale-New Haven Hospital
* **Past President** (2019 President): Molly Billstein Leber, PharmD, BCPS, FASHP;
Manager of Medication Policy and Formulary Management, Yale New Haven System
* **Treasurer** (2019 Treasurer)**: David Goffman, PharmD, BCPS;** Manager of Pharmacy Operations, Bridgeport Hospital
* **Secretary** (2019 Secretary)**: Matthew Morrison, PharmD;** Staff Pharmacist in Emergency Medicine, Hartford Hospital
* **Senior Board Member (2019** Jr. Board Member**)**: **Colleen Teevan, PharmD, BCPS, BCCCP;** Critical Care Pharmacist and PGY1 Residency Program Director, The Hospital of Central Connecticut

 **NOMINEES for OPEN POSITIONS**

**President-elect** (2019; President in 2020; Immediate Past President in 2021)

Teresa Papstein, RPh, BCNSPPharmacy Clinical Manager and Residency Program Director, Bridgeport Hospital



write in

**Junior Board Member** (2020; Senior Board Member in 2021)

**Abigail Zeiner, PharmD**, Emergency Dept. Pharmacist, The Hospital of Central Connecticut



write in

Your Name CSHP Member Number

 *membership # on broadcast cover sheet or call CSHP*

Signature *Electronic signatures are permissible* Date

**.**