

{YOUR PRACTICE PHOTO AND NAME HERE}

MISSION STATEMENT/PHILOSOPHY:

LOCATION(S):

PRACTICE DETAILS (how many providers, how many employees, etc):

QUALIFICATIONS/CREDENTIALS (are you QOPI certified, etc.)

INTRODUCTION TO PHARMACY SERVICES STAFF W/ BRIEF BIO:

(insert staff photo if you have one)

DISPENSING TYPE (RETAIL VS DISPENSARY)

SERVICES PROVIDED (BONE MARROW, RADIATION, CHEMO)

WHY DID YOU JOIN NCODA?

HOW DID YOU BECOME A MEMBER?

HOW DID YOU HEAR ABOUT US?

HOW CAN NCODA HELP YOU?

HOW WOULD YOU LIKE TO BE MORE INVOLVED WITH NCODA?

WHAT ARE SOME CHALLENGES YOU FACE NOW OR WILL FACE IN THE FUTURE OF ONCOLOGY?