

OHA PHARMACY TEAM MEETING REQUEST FORM

Before submitting this request, please read the full OHA Pharmacy Team Industry Meeting Policy

Company Name:

Name of the Primary Company Contact:

Company Contact Email:

Company Contact Phone Number:

1. Is this your company's first meeting request with OHA staff in the last 12-month period? Yes No

If the answer to this question is yes, please skip question number two and go to question number three.

2. If this is your company's second request for a meeting in 12 months, which of these circumstances apply?

One item must be checked for a meeting to be scheduled.

- a. An agenda topic is relevant to an anticipated or ongoing public health emergency
 - b. There are concerns regarding health disparities and inequities in OHA pharmacy programs
 - c. The meeting was requested by the OHA pharmacy team
3. Please list your agenda topics below. These agenda topics will be posted on our website.
4. Please explain how the information you intend to present at the meeting will benefit OHA programs:
5. Please check this box to acknowledge you understand that submitting this request form and accepting a meeting invitation from the OHA creates a public record that is subject to public records requests.
6. Please check this box to acknowledge that all meetings will be 25 minutes (inclusive of question/answers), meetings will end promptly, and presenters are ultimately responsible for making sure the information they want to convey to OHA is included within that 25-minute time span.
7. Please check this box to acknowledge that all OHA meeting request determinations are at the discretion of OHA pharmacy team staff. Submitting this form does not guarantee a meeting.
8. Please check this box to acknowledge that only one line of business will be discussed per company per year.