

# Teaching and Learning Certificate Program Application Form



AMERICAN COLLEGE OF CLINICAL PHARMACY

# ACADEMY

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name (last, first, middle initial): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you an ACCP member?  Yes  No

Current position/title: \_\_\_\_\_

Primary practice or professional setting (e.g., academia, acute care, ambulatory care, industry, etc.): \_\_\_\_\_

Employer: \_\_\_\_\_

Pharmacy degree(s): \_\_\_\_\_ Year(s) of graduation: \_\_\_\_\_

Other degrees (B.S./B.A., Master's, Ph.D., other): \_\_\_\_\_

Postgraduate Training ():

Residency (general/PGY1) Year completed: \_\_\_\_\_

Residency (specialized/PGY2) Year completed: \_\_\_\_\_

Fellowship, Program duration (yrs): Year(s) completed: \_\_\_\_\_

Board Certification(s) (specify credential[s] and year[s] earned): \_\_\_\_\_

How many semesters of teaching experience do you have in experiential education? \_\_\_\_\_

How many semesters of teaching experience do you have in didactic education? \_\_\_\_\_

Have you attended previous formal preceptor or faculty development programs?  Yes  No

Is serving as a full-time faculty member among your career goals?  Yes  No

Is serving as a part-time or adjunct faculty member among your career goals?  Yes  No

Have you ever maintained a teaching portfolio as a faculty member or preceptor?  Yes  No

Do you currently have a mentor related to your teaching responsibilities?  Yes  No

Have you received any teaching awards?  Yes  No

Do you have a full-time academic appointment?  Yes  No Do you precept students?  Yes  No

Do you teach in didactic courses?  Yes  No As a lecturer?  Yes  No As a discussion leader?  Yes  No

Do you provide instruction to practitioners and students in other health care professions?  Yes  No

Do you have administrative responsibilities (e.g., Program Coordinator, Chair, Director, Dean)?  Yes  No

I am enrolling in this certificate program because ():

I desire to enhance my teaching abilities

The program is required by my employer

The program was suggested by my employer

The program was recommended by a colleague

Other (please specify reason: \_\_\_\_\_ )

Please indicate if you have previously attended the ACCP session listed below ():

Using Cases to Enhance Learning Outcomes (Monterey, April 2006)

All other sessions previously attended are on record at ACCP.

Method of Payment

*A one-time fee of \$150 will be charged for enrollment in the certificate program.*

Total enrollment fee: \$150.00

Check Enclosed (U.S. funds only), payable to the American College of Clinical Pharmacy

Charge to  AMEX  DISC  MC  VISA

Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

**Please mail or fax this application to:**

**ACCP**

**13000 W. 87th St. Parkway, Suite 100**

**Lenexa, KS 66215-4530**

**Fax: (913) 492-0088**

**Or email Zangi Miti - [zmiti@accp.com](mailto:zmiti@accp.com)**