

# Leadership and Management Certificate Program Application Form



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): \_\_\_\_\_

Have you attended previous leadership development programs?  Yes  No

Have you received previous formal education in leadership or management?  Yes  No

If yes, select the type of previous education or training received:

- college business courses in leadership or management
- MBA, MPH, other Masters degree
- leadership seminars/presentations at professional meetings
- multi-day leadership seminars/camps
- leadership training at your place of employment

Is serving in an administrative position among your career goals?  Yes  No

Do you currently have a mentor related to your leadership or practice responsibilities?  Yes  No

Have you received any leadership awards?  Yes  No

Do you have a leadership position in any of the following?

- Department of Pharmacy in a hospital or other inpatient institution
- Pharmacy Department in a community pharmacy
- Department of Pharmacy in a clinic
- College or school of pharmacy
- Pharmacy Department in other settings

If you selected one or more of the categories above, please provide title(s):

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I am enrolling in this certificate program because ():

- I desire to enhance my career as clinical practitioner
- I desire to enhance my precepting and/or mentoring 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: \_\_\_\_\_ )

Who would you select to be a mentor during your study within this program? Please indicate this individual's title; provide name, if possible:

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Please indicate if you have previously attended any of the ACCP sessions listed below ():

- Orienting Yourself to Becoming a Leader (San Francisco, October 2005)
- Session #1. Becoming a Leader: A Workshop on Developing Yourself as a Leader
- Session #2. Contemporary Leadership Literature: Today's Writings and Their Application to Practice
- Session #3. Panel Discussion From Leaders in Clinical Pharmacy

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**