



# American College of Clinical Pharmacy Membership Application

## Your Membership Category

- Full Member - \$220**  
Pharmacists who have been practicing clinical pharmacy for three or more years since graduation from a college of pharmacy. Complete pages 1 through 4 and return *with your curriculum vitae*.
- Associate Member, Out of Training - \$220**  
Pharmacists who have been practicing clinical pharmacy for less than three years since graduation from a college of pharmacy. Complete pages 1 and 2.
- Affiliate Member - \$220**  
Individuals from pharmacy disciplines other than clinical pharmacy or from other health science professions. Complete pages 1 and 2.  
Field of practice \_\_\_\_\_
- Associate Member, Fellow/Graduate Student - \$75**  
Fellows in a fellowship program or full-time graduate students. **Please provide program director's name.**  
\_\_\_\_\_
- Associate Member, Resident - \$75**  
Residents in a pharmacy residency program. **Please provide program director's name.** \_\_\_\_\_
- Associate Member, Student - \$35**  
Students in a pharmacy degree program earning their **first** professional degree. **Please list college of pharmacy and anticipated year of graduation.**  
\_\_\_\_\_
- Change from Associate to Full Member No Fee** - Complete pages 1 through 4 and return *with your curriculum vitae*.

## Member Profile

**Name** \_\_\_\_\_  
First Name Middle Initial Last Name Include professional designations (e.g., Pharm.D., Ph.D., BCPS)

**E-Mail (required)** \_\_\_\_\_

Preferred address will be displayed in the online membership directory.

**Business** (check if preferred address for correspondence)

Company/Institution \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Prov \_\_\_\_\_ Postal/ZIP Code \_\_\_\_\_

Country \_\_\_\_\_

Work Phone \_\_\_\_\_

Fax \_\_\_\_\_

**Home** (check if preferred address for correspondence)

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Prov \_\_\_\_\_ Postal/ZIP Code \_\_\_\_\_

Country \_\_\_\_\_

Home Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_

**Who recommended that you join ACCP?**

\_\_\_\_\_  
Name, City, State

### Method of Payment

#### ACCP Annual Dues - Choose one

Full, Associate, Affiliate - \$220 \$ \_\_\_\_\_

**or**

Fellow/Graduate or Resident - \$75 \$ \_\_\_\_\_

**or**

Student - \$35 \$ \_\_\_\_\_

**PRN Dues:** \$20 x # \_\_\_\_\_ PRNs \$ \_\_\_\_\_

(See PRN list on page 2)

**Total Dues Payment Enclosed** \$ \_\_\_\_\_

Check Enclosed, US Funds, payable to the American College of Clinical Pharmacy

Charge to  AMEX  DISC  MC  VISA

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

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

Signature \_\_\_\_\_

#### Mail or fax application and payment to:

American College of Clinical Pharmacy  
 Credentials Committee  
 13000 W. 87<sup>th</sup> St. Parkway  
 Lenexa, KS 66215-4530  
 Phone: (913) 492-3311  
 Fax: (913) 492-0088

For Office Use Only

Member Type \_\_\_\_\_ ID # \_\_\_\_\_

Check No. \_\_\_\_\_ Charge Sent \_\_\_\_\_

Code \_\_\_\_\_ WS2010 \_\_\_\_\_ Apv \_\_\_\_\_

**Demographic Information**

**Gender**

- Female
- Male

**Date of Birth** \_\_\_\_\_

mm/dd/yyyy

**Education and Training**

**Degree** \_\_\_\_\_ **Year** \_\_\_\_\_  
Date completed/to be completed

- Pharm.D. \_\_\_\_\_
- Ph.D. \_\_\_\_\_
- M.S.Pharm. \_\_\_\_\_
- B.S.Pharm. \_\_\_\_\_
- Other (list) \_\_\_\_\_

List training site and completion date

- PGY1 \_\_\_\_\_
- \_\_\_\_\_
- PGY2 \_\_\_\_\_
- \_\_\_\_\_
- Fellowship \_\_\_\_\_
- \_\_\_\_\_

**BPS Certification**

Indicate any BPS certification(s) you hold

- BCNP
- BCNSP
- BCOP
- BCPP
- BCPS

**Primary Practice Locale (Select one)**

- Ambulatory Clinic
- College of Pharmacy
- College of Medicine
- Community Hospital
- Community Pharmacy
- Contract Research Org
- Government Hospital
- Home Health Care
- Long Term Care
- Managed Care
- Mental Health Facility
- Pharmaceutical Industry
- University Hospital
- Other (list) \_\_\_\_\_

**Practice and Research Networks (PRNs) \$20 each**

Enhance your membership through participation in any of the 22 ACCP Practice and Research Networks. Select as many as you like for \$20 each.

- Adult Medicine
- Ambulatory Care
- Cardiology
- Clinical Administration
- Central Nervous System
- Critical Care
- Drug Information
- Education & Training
- Emergency Medicine
- Endocrine & Metabolism
- Geriatrics
- GI/Liver/Nutrition
- Health Outcomes
- Hematology/Oncology
- Immunology/Transplantation
- Infectious Diseases
- Nephrology
- Pain and Palliative Care
- Pediatrics
- Pharmaceutical Industry
- Pharmacokinetics/Pharmacodynamics
- Women's Health

**Interest Areas (check all that apply)**

- Administration
- Adverse Drug Reactions
- AIDS/HIV
- Ambulatory Care
- Analgesia
- Anticoagulation
- Biotechnology
- Cardiology
- Clinical Research
- Community Practice
- Critical Care
- Dermatology
- Drug Abuse
- Drug Information
- Drug Interactions
- Drug Utilization Review/MUE
- Emergency Medicine
- Endocrinology
- Family Medicine
- Gastroenterology
- General Medicine
- Geriatrics
- Hematology
- Herbal Medicine
- Home Health Care
- Immunology
- Infectious Diseases
- Managed Care
- Medical Ethics
- Nephrology
- Neurology
- Nutrition
- Obstetrics and Gynecology
- Oncology
- Pediatrics
- Pharmacology
- Pharmacoeconomics
- Pharmacoepidemiology
- Pharmacogenomics
- Pharmacokinetics/Pharmacodynamics
- Pharmacotherapy
- Postmarketing Surveillance
- Psychiatry
- Pulmonary
- Rheumatology
- Surgery
- Toxicology
- Transplantation
- Urology
- Women's Health
- Other \_\_\_\_\_

**ACCP Professional dues** are not deductible as charitable contributions for U.S. federal income tax purposes. However, they may be deducted as ordinary and necessary business expenses except for the amount attributable to lobbying activities. ACCP estimates that 22% of annual dues may be allocated to lobbying.

**ACCP Research Institute contributions** are deductible for U.S. federal income tax purposes under §501(c)(3) of the U.S. Internal Revenue Code.

**All Student, Resident, and Fellow ACCP memberships** include an electronic subscription to *Pharmacotherapy*. If you wish to receive a print copy of the journal, please contact our ACCP office at (913) 492-3311 or e-mail us at membership@accp.com.



### ACCP's Vision

Pharmacists will be recognized and valued as the preeminent health care professionals responsible for the use of medicines in the prevention and treatment of disease.

### ACCP's Mission

The American College of Clinical Pharmacy exists to advance human health and quality of life by helping pharmacists expand the frontiers of their practice and research.

ACCP will pursue its core purpose by:

- providing leadership, education, advocacy, and other resources that enable pharmacists to achieve excellence in clinical practice and research;
- advancing pharmacotherapy through support and promotion of research, training, and educational programs; and
- disseminating peer-reviewed, innovative scientific and professional information and knowledge that catalyze change and advance drug therapy.

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## Application for Full Membership American College of Clinical Pharmacy

Membership in the American College of Clinical Pharmacy is based on past and present contributions to clinical pharmacy practice, research, education, and professional leadership.

Full Membership is open to pharmacists who: 1) subscribe to the vision and mission of the College; and 2) fulfill at least *one* of the following criteria.

### All applicants for Full Member should enclose a copy of their curriculum vitae with their completed application.

Please check the criterion under which you are applying:

- Practice:** I hold current board certification(s) in a specialty practice of pharmacy recognized by the Board of Pharmaceutical Specialties. Please indicate which BPS certification(s) you hold and attach a copy of your certificate to this application).

BCNP     BCNSP     BCOP     BCPP     BCPS

#### Or

- Practice:** I have completed at least one year of formalized residency training plus three or more years of clinical pharmacy practice experience. Applicant's curriculum vitae should list residency site, year of completion, and post-residency clinical practice experiences (e.g., positions as Clinical Pharmacy Specialist, Clinical Pharmacist, Clinical Manager, Clinical Coordinator, Pharmacotherapist, etc.).

#### Or

- Education:** I am employed as a full-time faculty member of a College of Pharmacy or other health science for three or more years post-training. Applicant's curriculum vitae should list full-time faculty appointment and years of employment.

#### Or

- Scholarship/Research:** I have published at least four peer-reviewed research papers, journal articles, books, or book chapters. Applicant's curriculum vitae should clearly indicate the full citation for at least four peer-reviewed research papers, journal articles, books, or book chapters. Do not include letters to the editor, abstracts, or other brief publications.

#### Or

- Industry:** I have practiced in the pharmaceutical industry for three or more years post-training in the areas of clinical research, medical affairs, regulatory affairs, medical information, product safety, or surveillance. Applicant's curriculum vitae should show evidence of these activities.

**If you checked at least one criterion above, it is not necessary to complete page four. Return the completed application and your curriculum vitae to the address at the left.**

**If you have not checked one of the above criteria, please check below and complete page four of the application.**

- Practice/Education/Research/Leadership:** Please complete page four of this application.



**Scoring Criteria**

**Applicants for Full Member must complete this page only if the criteria listed on page 3 do not apply.**

All applicants using the criteria on this page must have been practicing clinical pharmacy for *three or more years since graduation* from a college of pharmacy.

The requirements for Full Member may be met in any one or a combination of four areas—Practice, Education, Research, and Leadership. All areas are given equal weight during review by the Credentials Committee.

Scoring criteria used by the Credentials Committee are summarized in the table below. The Committee recommends an applicant for Full Member when the score in any one area is 15 or more, or the total of the scores from all areas is 30 or more.

Contributions to practice will be based on your response to the questions listed and evidence of such in your curriculum vitae. Activities performed during your residency or fellowship may be included.

The Committee will objectively evaluate contributions to education, research, and professional leadership based on a thorough review of your curriculum vitae.

**Maximum Points Possible**

**Practice:**  
 Each Activity Checked 2  
**Subtotal 20**

**Education:**  
 Didactic/Clinical/Distance Teaching of Students/  
 Residents/Fellows/Scientists 8  
 CE Presentations 4  
 Publications 5  
 Editor/Referee 3  
**Subtotal 20**

**Research:**  
 Protocol Design/  
 Implementation 6  
 Research Reports 14  
**Subtotal 20**

**Leadership:**  
 Honors/Awards 5  
 Establish New Programs  
 or Services 5  
 Organization Membership 3  
 External Consultant 2  
 Committees 5  
**Subtotal 20**

**Primary practice type(s):**  administration  ambulatory care  clinical research  
 community  HMO  hospital  industry  long-term care  
 PBM  other (describe) \_\_\_\_\_

**PRACTICE:** Check each of the activities you *routinely perform now, or did in the past*, as part of your usual duties. Please be certain your curriculum vitae provides evidence of this practice. Where possible, identify these activities on your curriculum vitae by writing the corresponding number (below) directly on your curriculum vitae next to the appropriate entries.

- 1. Directly manage the drug therapy of patients in collaboration with other health care professionals.
- 2. Provide pharmacotherapy management as part of a multidisciplinary patient care team.
- 3. Use patient care assessment skills routinely, including physical assessment, to formulate drug therapy recommendations.
- 4. Design therapeutic plans for identified patient-specific problems or populations of patients.
- 5. Recommend therapeutic plans for identified patient-specific problems or populations of patients.
- 6. Implement pharmacotherapy or drug policy plans.
- 7. Monitor and modify therapeutic or drug policy plans.
- 8. Evaluate biomedical literature with regard to study design and methodology, statistical analysis, and significance of reported data and conclusions.
- 9. Document and report new, unusual, or severe pharmacotherapeutic events.
- 10. Teach and provide pharmacotherapeutic knowledge to patients, students, practitioners, health care team members, or health care managers about safe, effective, and economic use of therapeutic agents.
- 11. Prepare and disseminate written drug information (e.g., drug monographs, consultations, newsletters).
- 12. Provide expertise to or serve on patient care or research-related committees (e.g., Pharmacy and Therapeutics/Formulary, Institutional Review Board, Critical Pathway, Quality Improvement, Medication Use Evaluation, Infection Control, others).
- 13. Other: Any other additional training received or service information that is not in your curriculum vitae may be included as an addendum to this application. Please describe how this training or service has been incorporated into your practice.

**EDUCATION:** If you are now or have in the past been responsible for didactic or clerkship education, please circle "yes" or "no" below (as appropriate) for each category of students.

Education Type	Pharmacy Students		Medical Students		Other Health Profession Students	
Didactic Lectures	Yes	No	Yes	No	Yes	No
Clerkship Preceptor	Yes	No	Yes	No	Yes	No
Distance Learning	Yes	No	Yes	No	Yes	No

Check if you are now or have in the past precepted:

pharmacy residents  pharmacy fellows  visiting scientists/graduate students  medical residents

Your curriculum vitae should provide a list of all noteworthy educational presentations (inservices and lectures at local, regional, state, national, and international meetings). **Any additional educational or inservice presentations may be provided as an addendum to this application.**

**RESEARCH AND SCHOLARLY ACTIVITY:** Your curriculum vitae should list all activities related to research grants (e.g., Principal Investigator, Co-Investigator, Monitor); funding; publications (refereed and non-refereed, e.g., journal articles; book chapters; case reports; letters to the editor; abstracts; book reviews; books; newsletters; formulary reviews; drug monographs), and unpublished research reports for INDs, NDAs, SNDAs, FDA submissions, etc. **If this information is not in your curriculum vitae, please provide it as an addendum to this application.**

**LEADERSHIP—PROFESSIONAL SERVICE:** Your curriculum vitae should provide details about your membership in various local, state, national, and international organizations; honors and awards; service as a consultant; reviewer for grants and manuscripts; editorial activities; service on committees at local, state, national, and international level; and leadership in developing innovative pharmacy programs. **If this information is not in your curriculum vitae, please provide it as an addendum to this application.**

**LEADERSHIP—ADMINISTRATION:** Your curriculum vitae should indicate your role as chair/head of a department, division, or committee; service as a member of professional, work, and community committees; director of a program or laboratory; and other administrative activities, including activities as a clinical coordinator. **If this information is not in your curriculum vitae, please provide it as an addendum to this application.**

**ADDITIONAL INFORMATION/ADDENDA:** Attach additional pages to describe any aspects of your practice that are not addressed in this application.

*All applicants for Full Member must enclose a current curriculum vitae with the completed application. Mail or fax application, CV, and payment to:*

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