

# ACCP Report

American College of Clinical Pharmacy

Michael S. Maddux, Pharm.D., FCCP; Executive Director

Vol. 33, No. 3; March 2014

## ACCP Releases Standards of Practice for Clinical Pharmacists



The ACCP Strategic Plan's Critical Issue 3 asks, "How will ACCP position clinical pharmacists to best collaborate with other health professionals and

patients to fully contribute our expertise to direct patient care?" In addressing this critical issue, strategic plan objective 3.2.1 calls for ACCP to "publish ACCP's *Standards of Practice for Clinical Pharmacists*, which will include an articulation of the clinical pharmacist's consistent process of care," by 2014. This week, ACCP released a pre-publication draft of the *Standards* (see [http://www.accp.com/docs/positions/guidelines/Stndrds\\_of\\_Prac\\_for\\_CP\\_Final\\_PPI.pdf](http://www.accp.com/docs/positions/guidelines/Stndrds_of_Prac_for_CP_Final_PPI.pdf)). Later this year, they will be published in *Pharmacotherapy*, together with a companion background paper from the 2012–2013 ACCP Professional and Public Relations Committee. The *Standards* are an extension of previous ACCP papers addressing the [definition of clinical pharmacy](#), [clinical pharmacist competencies](#), and [desired qualifications of clinical pharmacists who provide direct patient care](#). This document is intended to fully inform the public, other health professionals, and policy-makers concerning what they can and should expect from the practice of clinical pharmacists.

In addition to articulating the clinical pharmacist's process of care and how this care should be documented, the *Standards* address the clinical pharmacist's involvement in collaborative, team-based practice and privileging; maintenance of competence and professional development; professionalism and ethics; research and scholarship; and other professional responsibilities.

The *Standards* serve as ACCP's expectations for clinical pharmacists within the United States and where clinical pharmacy is emerging around the world. In addition, they provide a reference for those engaged in designing and assessing the didactic and experiential components of clinical pharmacy education and training. Moreover, they provide a comprehensive description

of the clinical pharmacist for other health professionals and the public.

ACCP President Gary Yee commented on the release of this major College document:

The *Standards of Practice for Clinical Pharmacists* will help to codify the activities and responsibilities of today's clinical pharmacist and advance and position the clinical pharmacy discipline within the reformed health care delivery system. Taking the initiative to define the clinical pharmacist's process of care and emphasize the importance of documenting that process is a landmark step by ACCP. I hope every clinical pharmacist will read the *Standards* and recognize that they represent a formal commitment by our discipline to assume shared responsibility with other members of the health care team for optimizing patients' pharmacotherapy outcomes.

All clinical pharmacists are invited to review the *Standards* at [http://www.accp.com/docs/positions/guidelines/Stndrds\\_of\\_Prac\\_for\\_CP\\_Final\\_PPI.pdf](http://www.accp.com/docs/positions/guidelines/Stndrds_of_Prac_for_CP_Final_PPI.pdf).

## ACCP Updates in Therapeutics® Late Registration Deadline Quickly Approaching

Time is running out to register for Updates in Therapeutics® 2014. Save up to 15% by registering no later than March 28, 2014, the meeting's late registration deadline. Take advantage of this opportunity, which includes an electronic copy of the two-volume course workbook and a printed copy of the slide decks for either the "Ambulatory Care Pharmacy Preparatory Review and Recertification Course" or the "Pharmacotherapy Preparatory Review and Recertification Course."

The late registration fee is only \$645 for ACCP full and associate members who plan to attend Updates in Therapeutics® 2014 (late registration rates begin at \$315 for ACCP student, resident, and fellow members). Using ACCP's proven case-based instructional method, the Ambulatory Care Pharmacy Preparatory Review and Recertification Course and the Pharmacotherapy

Preparatory Review and Recertification Course provide a fast-paced, yet comprehensive review of the **full scope** of the relevant specialty to help you reaffirm your areas of strength and identify potential weaknesses. Unlike other abbreviated courses, ACCP's preparatory review and recertification courses offer extras such as extensive, take-home instructional materials for continuing independent study and supplemental tools to help you stay on track with your studying. Developed by nationally recognized content experts, ACCP's courses provide

more than the faculty slide decks and a list of references. Each course also includes a two-volume, 1000+ page course workbook with chapters dedicated to each topic area in the BPS content outline, 350+ case-based questions with explained answers, and references to support the content in each chapter (and for further reading, if the participant wishes).

To obtain more information about the meeting and the courses and to register, please visit [www.accp.com/ut](http://www.accp.com/ut).

## Register Now for ACCP Academy Programming in Rosemont, Illinois



The ACCP Academy will offer required modules and elective courses in all the Academy tracks in conjunction with ACCP Updates in Therapeutics® 2014 in Rosemont, Illinois. Each track will deliver its programming over a 2-day period, enabling Academy participants to minimize both travel expense and time away from their practice.

Registration includes all sessions within the ACCP Academy track of your choice, available continuing pharmacy education credit, and program handouts for the ACCP Academy track sessions you attend.

An abbreviated schedule for each Academy track is summarized below. For a full programming schedule, consult the ACCP Web site at [www.accp.com/acad](http://www.accp.com/acad).

### ACCP Spring Meeting Academy Schedule

Academy	Courses	Schedule
Leadership and Management	Interpersonal Leadership Development (Module 2)	April 11
	Leadership Implications When Managing for the Future (Elective)	April 11
	Reflecting on Leadership (Elective)	April 11
	Attributes of a Leader (Module 3)	April 12
Research and Scholarship	Statistical Issues (Module 2)	April 11
	Conducting and Reporting Research (Module 4)	April 11
	Regulatory/Ethical Issues (Module 3)	April 12
Career Advancement	Extending Your Practice by Mentoring and Precepting (Module 2)	April 12
	Establishing Interprofessional and Patient-Centered Roles (Module 3)	April 13
	Entrepreneurship for Career Advancement (Module 4)	April 13
Teaching and Learning	Implementing Teaching and Learning Strategies (Module 2)	April 12
	Assessing Student Learning (Module 3)	April 13
	Securing Feedback to Improve One's Teaching (Elective)	April 13
	Experiential Education: Practical Tools for Enhancing the Clinical Experience (Elective)	April 13

Late registration rates for ACCP Academy programming will be available until March 28, 2014. After this date, on-site registration rates will apply. To learn more about Academy programming at ACCP Updates in Therapeutics® 2014 and to register online, please visit [www.accp.com/acad](http://www.accp.com/acad).

## Register Now for the Oncology Pharmacy Preparatory Review and Recertification Course

Mark your calendar for the increasingly popular Oncology Pharmacy Preparatory Review and Recertification Course, which will be held in Washington, D.C., May 1–3, 2014. This program is designed to help clinical pharmacists prepare for the Board of Pharmacy Specialties (BPS) Oncology Pharmacy Specialty Certification Examination. Even if you are not planning to sit for the BPS examination, you may still be interested in assessing your knowledge and skills in this area by taking advantage of this advanced specialty program. The course provides an excellent review for oncology practitioners seeking to remain current in all aspects of this practice area.

The Accreditation Council for Pharmacy Education has accredited the course for 27.0 contact hours of continuing pharmacy education, and BPS has approved it

as recertification credit for Board-Certified Oncology Pharmacists. Course enrollment is limited to 275 participants, so register early to reserve your place. Registering by March 21, 2014, will allow you to take advantage of the discounted early registration fee.

A room block has been reserved for attendees of the Oncology Pharmacy Preparatory Review and Recertification Course at the Capital Hilton Hotel at the special rate of \$199 per night for single or double occupancy, plus tax. The special rate includes complimentary in-room Internet service. Reservations will be accepted by the hotel at the special rate until Thursday, April 10, or until the group block is sold out, whichever occurs first.

This course is part of a professional development program offered by the American College of Clinical Pharmacy and the American Society of Health-System Pharmacists. Visit the ACCP Web site, [www.accp.com](http://www.accp.com), for complete meeting details.

## Students: Prepare for the 2015, 2016, or 2017 Match Now!

Attention Students! You can be taking steps right now to prepare for the residency matching process in 2015, 2016, or even 2017. If you are planning to complete a residency after graduation, it is important that you know the type of candidates residency programs look for and learn what you can do now to distinguish yourself from the crowd.

Make plans to join students from across the country for “Emerge from the Crowd: How to Become a Standout Residency Candidate” next month at Chicago’s Hyatt Regency O’Hare. This unique program is designed to help first-, second-, and third-year pharmacy students maximize their ability to secure a residency position upon graduation.

Participants in this exciting program will receive more than 11.0 hours of interactive programming over 2 days. The program will begin on Saturday, April 12, and conclude on Sunday, April 13, during ACCP’s spring meeting, Updates in Therapeutics® 2014.

You will learn from experts in the field of clinical pharmacy about the things you can do right now to rise above the competition when applying for a residency during your final academic year. Topics will include maximizing experiential education opportunities, engaging in scholarly activity, optimizing CV and portfolio development, interviewing successfully, and navigating the entire residency application process. Attendees will also have the opportunity to meet face-to-face with current residents to gain their perspectives and advice during a special roundtable session. Register today at [www.accp.com/ec](http://www.accp.com/ec). Questions? Contact us at (913) 492-3311 or e-mail [accp@accp.com](mailto:accp@accp.com).





## Washington Report

**C. Edwin Webb, Pharm.D., MPH**

Associate Executive Director

**John McGlew**

Director of Government Affairs



### The PAPCC, H.R. 4190, and ACCP

Recently, a group of national pharmacy associations, chain drug stores, and other interested stakeholders announced the launch of a new coalition, the Patient Access to Pharmacists' Care Coalition (PAPCC), to develop and enact legislation that would grant pharmacists provider status under Medicare Part B. On March 11, through this coalition's efforts, House of Representatives sponsors introduced [legislation that would enable patient access to, and payment for, Medicare Part B services](#) by state-licensed pharmacists in medically underserved communities (H.R. 4190).

This column details ACCP's perspectives regarding the coalition's efforts and addresses questions raised by ACCP members regarding the College's absence from this newly established group.

#### Background

ACCP has long been involved in the effort to develop consensus within the pharmacy profession around Medicare Part B coverage for services and enact federal legislation to establish a Part B benefit. In 2000, the College was a founding member of the Pharmacist Provider Coalition (PPC), which secured introduction of the Medicare Pharmacist Services Coverage Act of 2001 (S. 974). In 2006, we helped establish the Leadership for Medication Management (LMM), a coalition that emerged as the foundation for the Pharmacy Health Care Reform Stakeholder Group, which was instrumental in securing important provisions on behalf of the profession in the Affordable Care Act (ACA).

As the process of implementing the ACA progressed, it became clear that policy-makers in Washington were moving rapidly toward the creation of a health care system that would reward outcomes and value rather than the volume of services provided. In addition, establishing care delivery and payment models that are defined, consistent, team-based, patient-centered, and measurable became a top priority of both private and public health care programs.

In recognition of these evolving legislative and policy realities, ACCP focused its efforts on developing a [Medicare Coverage Initiative](#) that would accomplish the following. (1) Be consistent with the College's core principles. (2) Clearly define a process of care to differentiate

the practice of the clinical pharmacist (comprehensive medication management [CMM]) from the practices of other members of the health care team. (3) Fill a need that is unmet through the existing processes of care.

The College formally launched its initiative in December 2012 and engaged in profession-wide outreach, seeking pharmacy partners to participate in the effort. We have been disappointed, and somewhat surprised, that the principles comprising our initiative don't appear to be shared by the majority of national pharmacy associations and societies. In fact, except for one colleague organization, the College of Psychiatric and Neurologic Pharmacists (CPNP), our requests for support of ACCP's initiative have been rejected by other national pharmacy professional societies. Clearly, ACCP is viewed, at least within the pharmacy family, as "out of step."

Nevertheless, we have made significant progress in identifying legislative champions on Capitol Hill who will introduce legislation on our behalf and helping them understand what CMM is and why a CMM benefit under Part B is essential if Medicare is to achieve its goals of better care, better outcomes, and lower costs. Our initiative is also receiving increased attention and examination by medical and interprofessional health care and policy groups.

We are convinced that the underlying principles of ACCP's Medicare Benefit Initiative are well aligned with the current environment of health care reform. The framework is first and foremost focused on the care that will be provided (the "what"), acknowledging that health care delivery has become a "team sport" and that the clinical pharmacist must be a qualified and fully recognized member of that team. The principles are applicable to all practice settings, are consistent with the anticipated models of care delivery in a reformed system, and embrace a comprehensive role for the clinical pharmacist in the care of the patient.

#### About H.R. 4190

The PAPCC has prompted the introduction of legislation that will establish Medicare Part B coverage for pharmacists' services that are authorized under state practice acts and that are provided to Medicare patients who meet the Health Resources and Services Administration's definition of Medically Underserved Areas & Populations (<http://bhpr.hrsa.gov/shortage/muaps/>).

#### *Proposed Modifications to the Social Security Act*

H.R. 4190 proposes to amend section 1861 of the Social Security Act for Medicare to cover patient care services furnished by pharmacists for medically underserved populations, as licensed by state law. Such services are to be paid at 85% of the physician fee schedule.

### *Covered Services to Be Proposed, According to PAPCC Background Documents*

- Conducting health and wellness screenings
- Managing chronic diseases
- Administering immunizations
- Performing medication management

At this time, it is not clear from the language of H.R. 4190 what process of care will be employed to deliver these services or how it will ensure that care is team based, patient centered, and consistent with emerging health care delivery models (e.g., patient-centered medical homes or other collaborative/accountable care models).

### **Why ACCP Was Not Accepted as a Member of the PAPCC**

In late February 2014, ACCP received a conditional invitation to join the PAPCC, which included a nonnegotiable requirement that our participation in the coalition would force us to abandon completely our own Medicare initiative, essentially setting aside the policy priorities of the College and a major component of its strategic plan. ACCP was given 48 hours to respond to this ultimatum but was not given access to proposed legislative language or significant details of the PAPCC proposal itself. When we asked why we had to abandon our own initiative, leaders of the PAPCC told us they considered it in direct competition with the coalition's legislative efforts.

On February 28, 2014, a meeting of the ACCP Board of Regents was convened by ACCP President Gary Yee by conference call—all Board members were present for the duration of the call. After serious discussion that involved input from every board member, the Board of Regents took the following action by unanimous vote:

*Due to the commitment to its members to advance and position clinical pharmacists as described in the 2013 ACCP Strategic Plan, ACCP will not abandon the College's current Medicare Benefit Initiative. However, if provided with more information regarding the specifics of the coalition's intended efforts to achieve its stated purpose, and if not required to abandon the College's own initiative, ACCP would seriously consider joining and supporting the new coalition.*

See also the President's Column below and [ACCP's letter in response to the invitation to join the new coalition](#).

ACCP's decision was not made lightly. After careful deliberation, the Board of Regents concluded that withdrawing our initiative, which has involved a substantial commitment of time, financial resources, and leadership analysis, would amount to abandoning the best interests of our members.

### **ACCP Perspectives**

The College's Medicare Benefit Initiative is intrinsically different from H.R. 4190 in that it addresses a different service (CMM) delivered by qualified clinical pharmacists to a different patient population (i.e., not only to the medically underserved). We have argued that the two proposals need not be considered as competitive, but instead are complementary, just as Part D MTM (medication therapy management) can coexist with a Part B CMM benefit.

ACCP also believes that its proposal and the PAPCC bill could be integrated, based on the recent state-level approach in California. According to the model pursued in California's recently adopted legislation, all pharmacists would broadly be recognized as "providers," but those delivering team-based CMM services would be required to meet a set of minimal qualifications (similar to the qualifications outlined in the ACCP initiative) to be recognized by the state of California as an "Advanced Practice Pharmacist."

As ACCP has made clear, our Medicare initiative is not about pursuit of provider status for pharmacists. Rather, it is an effort fully focused on the type of care (CMM) the clinical pharmacist will provide for the patient and the qualifications needed to deliver that care. It is applicable to all Medicare Part B beneficiaries in all patient care settings. In contrast, the PAPCC strategy uses a different approach that will likely result in significant resistance/opposition from the physician community because. (1) the PAPCC strategy lacks any requirement that services be provided under collaborative practice agreements or in team-based environments, and (2) the language used in the PAPCC strategy describing the potential covered services fails to mesh with the physician viewpoint (notably, "managing chronic conditions" is something physicians will certainly consider a major component of their own practices).

These are the concerns ACCP would seek to address, if it were allowed to be a member of the PAPCC. However, as noted earlier, the College wasn't provided this opportunity.

### **The Bottom Line**

As our response to the conditional invitation to join the coalition makes clear, ACCP would consider joining and supporting the new coalition if not required to abandon the College's own initiative. Of course, this would mean that the coalition would also have to address the concerns noted above.

ACCP remains committed to supporting the provision of care by qualified pharmacists to all patients, including the medically underserved. Furthermore, we believe there should be room for all pharmacy organizations to support both ACCP's current Medicare Benefit Initiative and other patient-focused legislative efforts that may emerge from other groups. To exclude ACCP from the PAPCC because of the premise that it is advancing an initiative deemed "competitive" is both divisive and short-sighted for the profession as a whole.

For more information, ACCP members should contact our Washington office at (202) 621-1820 or e-mail ACCP associate executive director Ed Webb ([ewebb@accp.com](mailto:ewebb@accp.com)) or director of government affairs John McGlew ([jmcglew@accp.com](mailto:jmcglew@accp.com)).

## President's Column



Gary C. Yee, Pharm.D., FCCP, BCOP

### ACCP Strong

The Boston Marathon is the oldest, and arguably the most famous, annual marathon in the United States, drawing about 20,000 registered participants each year. Almost a year ago, Americans were horrified by news of two explosions near the finish line of the Boston Marathon. I was particularly worried because I knew my brother-in-law, an avid marathon runner, was participating in the marathon. We learned later that he was only 5 minutes away from the finish line when the bombs exploded. For several days, Americans watched as the largest manhunt in New England history resulted in the capture or death of the individuals believed to be involved in the bombings. Within days of this terrible tragedy, people began to use the slogan "Boston Strong" to highlight the solidarity and resilience of Bostonians. Linguists wondered whether Boston or strong was the noun, but most people viewed "Boston" as the adjective, followed by "strong" as the noun. "Boston Strong" therefore is a type of strong, similar to the slogan "Army Strong." By January 2014, the hashtag "#Bostonstrong" had been used more than 1.5 million times.

I would suggest that "ACCP Strong" is an appropriate slogan to describe our organization and its members. The College is strong because its members are talented, passionate, and engaged. How many other associations can say they have hundreds of members who take the time to respond to ACCP's annual volunteer survey, explaining why they are qualified to serve on a variety of ACCP committees in pursuit of a wide array of charges? By contrast, most associations are unable to recruit enough members to serve on even one committee or in other volunteer capacities. This is certainly not the case for ACCP!

ACCP is strong because its members are innovators. In his book *David and Goliath*, Malcolm Gladwell cites the research of psychologist Jordan Peterson regarding the personality traits of innovators. Peterson's work shows that innovators tend to have a very particular mix of several traits. The first two—openness and conscientiousness—are obvious. Peterson describes openness as the ability to imagine things that others cannot and the willingness to challenge their own assumptions. Conscientiousness is also important

because an innovator who has brilliant ideas but lacks discipline and perseverance will never transform those ideas into reality. What surprised me is that Peterson's research showed the tendency of innovators to be *disagreeable*. In this context, disagreeable does not mean obnoxious or unpleasant. It means that innovators are people willing to take certain risks, even when others may disapprove of their decisions. But Peterson explains: "If you have a new idea, and it's disruptive and you're agreeable, then what are you going to do with that? If you worry about hurting people's feelings and disturbing the social structure, you're not going to put your ideas forward." I believe that's the meaning of ACCP's core value—"commitment to challenge the status quo, state our beliefs, and act on them."

ACCP Strong means solidarity. Earlier this month, you may have heard about the formation of the "Patient Access to Pharmacists' Care Coalition" (PAPCC), a new coalition formed to attain provider status by seeking the coverage of pharmacists' patient care services through federal legislation. The coalition currently consists of 22 pharmacy organizations and stakeholders, including three major chains. ACCP is not listed as a coalition member. As described in the letter posted on the ACCP Web site at [www.accp.com/docs/misc/ACCP\\_PAPCC\\_Response\\_2-28-14.pdf](http://www.accp.com/docs/misc/ACCP_PAPCC_Response_2-28-14.pdf), ACCP was invited to join the coalition. However, ACCP could only join on one condition: it had to agree to abandon its own Medicare Benefit Initiative (see <http://www.accp.com/govt/medicare.aspx>). After careful consideration of the information provided to us, the ACCP Board decided that it could not abandon its own initiative. However, we wrote in our letter to the coalition's leadership, "if not required to abandon its own initiative, ACCP would seriously consider joining and supporting the new Coalition."

The ACCP Board decided not to abandon its own Medicare Benefit Initiative, given that it is grounded in the College's mission and values and that it represents the goals of ACCP members. Furthermore, and perhaps more importantly, we believe that "getting the medications right" for all Medicare beneficiaries is an important unmet need in the United States and that qualified clinical pharmacists working as members of the health care team are the best health care professionals to help meet that need.

ACCP Strong also means resilience. Resilient communities harness the power of "social capital." To paraphrase the Beatles, we all need "a little help from [our] friends." One of the things I love about living in the Midwest is seeing how neighbors and communities come together in times of need. Many of us look forward to spring because it means that winter is over! Yet spring in the Midwest also brings storms and the risk of tornados and flooding. Whenever local storms cause damage, people come from all over the city with chain saws and trucks to help. It is a powerful example of people working together toward a common goal.



The route to legislative approval is circuitous, and we must be prepared for resistance, criticism, and adversity along the way. I mentioned last fall in my President's Address at the 2013 Annual Meeting that we must have the dedication and courage to continue our efforts to develop, advance, and position clinical pharmacists to maximize our contributions to CMM in the evolving health care system. In fact, I declared "Stay the Course" as my theme of the year. So, if sticking to a position on an issue that we view as important in improving the quality of patient care leads to our exclusion from a given coalition from time to time, so be it. It's not about us (clinical pharmacists) or our ability to align with other pharmacy organizations or special interests. It's about sometimes being *disagreeable*, if the need arises. But in the end, it's about coming together to support the goal of optimizing patients' medication-related outcomes. Toward that end, ACCP will indeed stay the course and remain "ACCP Strong."

### Register Now for a Teaching and Learning Webinar on "Test Construction"

Join ACCP for this interactive 1-hour webinar aimed at enhancing your teaching and learning abilities. The webinar, to be held Thursday, March 27, 2014, from 7:00 p.m. to 8:00 p.m. (EST), will be presented by Amie D. Brooks, Pharm.D., FCCP, BCPS, BCACP, and Katie S. Buehler, Pharm.D., BCPS, associate professor and assistant professor, respectively, at the St. Louis College of Pharmacy. This webinar will review the purpose and components of an exam blueprint, differentiate multiple-choice items according to cognitive level, identify the anatomy of a multiple-choice question, and describe appropriate methods for writing high-quality multiple-choice questions.

Starting at only \$69.00 for ACCP members and \$99.00 for ACCP nonmembers, this live webinar is an economical way to bring a real-time, interactive learning experience right into your home or office. The webinar will be available to ACCP Academy graduates and current enrollees at no cost. To receive 1.0 hour of continuing pharmacy education credit, attendees must register and attend the webinar on March 27, 2014. Although participants need not be enrolled in the ACCP Academy to attend these webinars or receive continuing pharmacy education credit, only enrollees of the Teaching and Learning Certificate Program will receive credit toward their certificate.

Registration for "Test Construction" closes at midnight (CST), March 26, 2014. Take advantage of this learning opportunity by [registering today](#).

### On-Demand Webinars Now Available

Prerecorded Teaching and Learning webinars are now available in the ACCP Bookstore. Simply visit the ACCP

Bookstore at your convenience to view one or all of the pre-recorded webinars and complete the associated posttest to earn 1.0 hour of continuing education credit. The following webinars are currently available for viewing in the ACCP Bookstore:

- Teaching and Technology Methods to Engage Students
- Team-Based Learning in Pharmacy Education: Tools and Tips for Success
- Using Cases to Enhance Learning

Take advantage of these learning opportunities by registering for an upcoming live webinar or accessing an on-demand webinar today. To learn more about the Teaching and Learning Certificate Program, visit [www.accp.com/academy](http://www.accp.com/academy).

### Plan Ahead to Ensure a Successful Career: Enroll in the ACCP Academy Career Advancement Certificate Program

New clinical practitioners with residency training (or equivalent experience) who practice in any professional setting are encouraged to participate in the Career Advancement Certificate Program, which is designed to facilitate clinical career development. The program will help new practitioners advance their careers as clinicians, establish credible interprofessional and patient-centered roles, extend their clinical practices through mentoring and precepting, and employ practical strategies to enhance their professional standing and recognition. Career Advancement program participants complete required readings, 20.0 hours of required modules, and 6.0 hours of electives in earning their certificates. Elective opportunities allow participants to explore several related goals, including developing a business plan, establishing leadership skills, consulting, and precepting students and trainees in selected practice settings. The core modules consist of the following:

- Prerequisite Module: Career Advancement Primer (4 hours)
- Module No. 1: Clinical Career Advancement (4 hours)
- Module No. 2: Extending Your Practice by Mentoring and Precepting (4 hours)
- Module No. 3: Establishing Interprofessional and Patient-Centered Roles (4 hours)
- Module No. 4: Entrepreneurship for Career Advancement (4 hours)

Take advantage of this valuable resource and [enroll](#) in the program today. New enrollees can complete half of the Career Advancement program this spring by attending ACCP Updates in Therapeutics® 2014 in Rosemont, Illinois. Visit [www.accp.com/acad](http://www.accp.com/acad) to view the meeting schedule and to register.

## Introducing ACCP eBooks

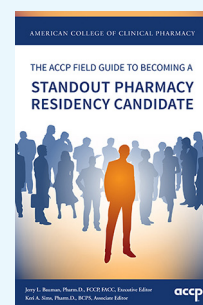
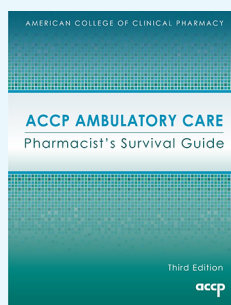
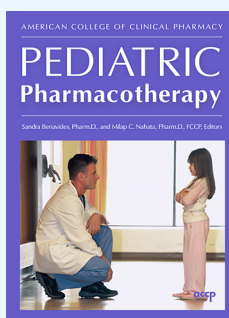
Have you ever wished you could consult a trusted clinical reference on demand while on rounds, traveling, or between classes? Now you can do exactly that with an ACCP eBook.

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***Pediatric Pharmacotherapy.*** This resource is essential for students, residents, and any clinician involved in the care of pediatric patients.

***ACCP Ambulatory Care Pharmacist's Survival Guide.*** These detailed examples of successful clinical practices are invaluable for building or expanding your patient care services.

***The ACCP Field Guide to Becoming a Standout Pharmacy Residency Candidate.*** This guide provides detailed, practical information to use throughout the first, second, third, and all-important fourth years of pharmacy education—information to help chart one's course to a successful postgraduate experience.



## Congratulations to ACCP Members on Achieving Board Certification



We offer our sincerest congratulations to the ACCP members listed below who passed specialty certification or exams offered by the Board of Pharmacy Specialties (BPS) in October 2013. Of the 3247 people certified in Pharmacotherapy, Ambulatory Care Pharmacy, Oncology Pharmacy, Psychiatric Pharmacy, Nutrition Support Pharmacy, or Nuclear Pharmacy, 1125 are members of ACCP.

### Pharmacotherapy

Hala Abdurahman  
Elizabeth Ackerman  
Beatrice Adams

Jody Adams  
Robert Adams  
Wayne Adams

Arin Adamson  
Janna Afanasjeva  
Tsedey Afework  
Titilola Afolabi  
Christina Agee  
Christine Aguilar  
Margherita Aikman  
Julie Akens  
Medinat Akinbi  
Saagar Akundi  
Sanjin Alajbegovic  
Danielle Albright  
Nerissa Alday  
Hadi Ale-Ali  
Shereef Ali  
Katherine Allen  
Robert Alspach  
Kyle Amelung

Navid Amlani  
Lea Anderko  
Calvin Anderson  
Jayme Anderson  
Melissa Aquino  
Regina Arellano  
Rachel Arfstrom  
John Argyle  
Jennifer Ashton  
Naz Askari  
Veda Asmatey  
Carly Auch  
Poe Aunggyi  
Nadia Awad  
Katherine Aymond  
Nazanin Bagheri  
Reem Bahmaid  
Bryan Bailey



Samantha Bailey  
 Trista Bailey  
 Jonathan Bain  
 Ruthanne Baird  
 Ryan Baker  
 David Ball  
 Ryan Balmat  
 Archana Banerjee  
 Cynthia Barlow  
 Brett Bartlett  
 Victoria Basalyga  
 Stephanie Bass  
 Tania Bayoud  
 Jennifer Beasley  
 Emily Beckett  
 Kristi Beermann  
 Jill Bennett  
 Don Berlekamp  
 Shaina Bernard  
 Bouchra Bernichi  
 Deanna Bice  
 Katherine Bidwell  
 Bryan Bishop  
 Yana Blekhman  
 Matthew Blommel  
 Elizabeth Bobbera  
 Czarina Bock  
 Lauren Bodhaine  
 Adrian Boka  
 Kelly Bolesta  
 Jacque Borel  
 Erik Borg  
 Amne Borghol  
 Michael Borszcz  
 Jeffrey Bourret  
 Dalia Bowling  
 Katie Boyd  
 Daniel Boyle  
 Jennifer Bradford  
 Rebecca Bragg  
 Scott Bragg  
 Fatima Brakta  
 Luci Brandner  
 Rachel Branstad  
 Elizabeth Brichler  
 Kristi Bronkan  
 Daria Brown  
 Mackenzie Brown  
 Erica Brumer  
 Jacquelyn Bryant  
 Michelle Bryson  
 Emily Bullington  
 Jordan Burger

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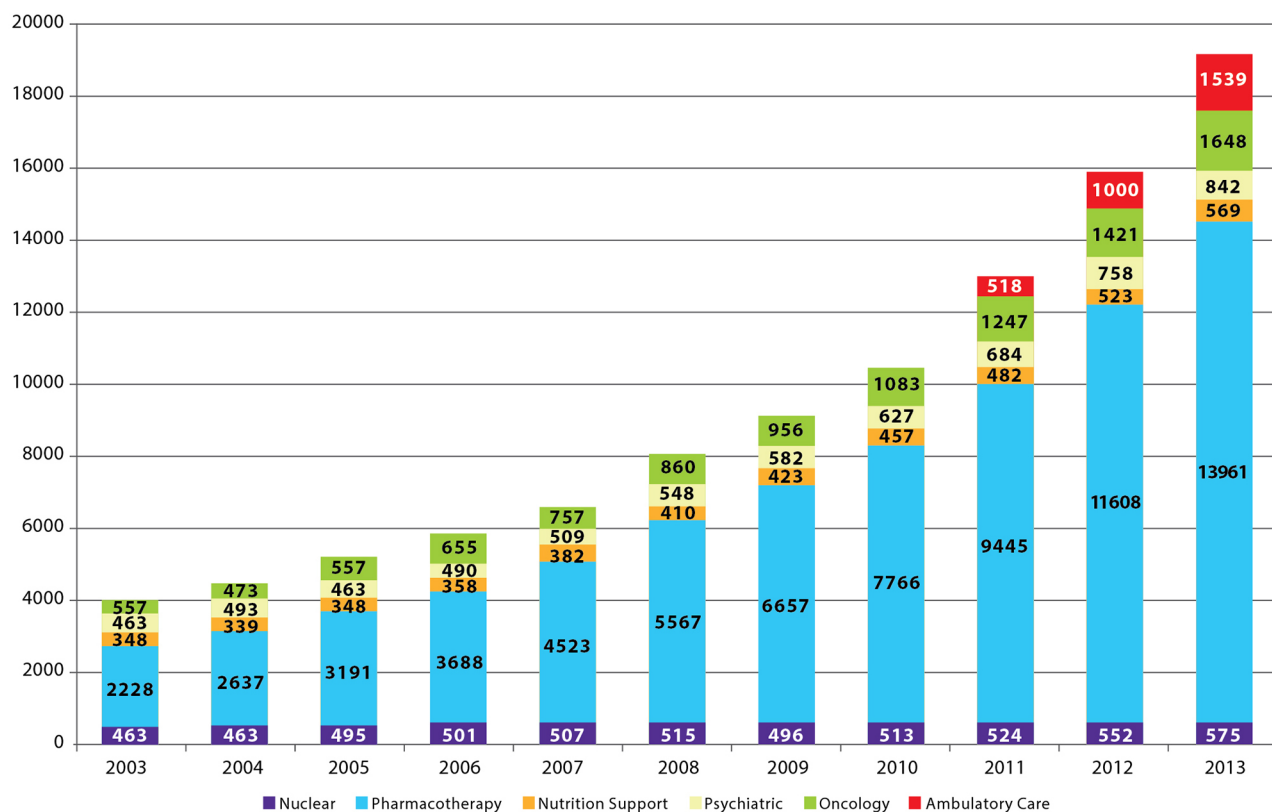
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When an Associate Member of ACCP achieves specialty board certification, he or she qualifies to become a Full Member in the College. As a result of the 2013 examinations, 739 former Associate Members and 17 Affiliate Members are now Full Members. In addition, 369 Full Members passed their examinations.

See the figure below for a graphic depiction of the extraordinary growth in the number of board-certified specialists—almost 20,000 pharmacists are now certified in one or more specialties! For more information on the 2014 specialty certification examinations, contact BPS at (202) 429-7591 or visit BPS's Web site at <http://www.bpsweb.org>.

## Pharmacists Certified by the Board of Pharmacy Specialties

The graph below illustrates the numbers of pharmacist specialists holding BPS certification in each of the years noted in the six recognized areas for which testing programs have been implemented.



\*Individuals who failed to certify have been excluded from these statistics.

\*\*2011 is the first year for Ambulatory Care certification.



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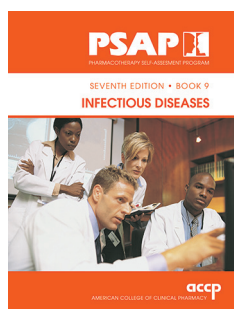


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Cardiology	\$15.00	\$20.00	\$36.50	\$55.00
Critical/Urgent Care	\$15.00	\$20.00	\$36.50	\$55.00
Oncology	\$15.00	\$20.00	\$36.50	\$55.00
Infectious Diseases	\$15.00	\$20.00	\$36.50	\$55.00

Learn more about the PSAP-VII Audio Companion, including how to make a purchase, on the [ACCP Web site](http://accp.org).

## PBRN Network Update: Launching Two PBRN Initiatives

**Daniel Touchette, Pharm.D., M.A.**

Network Director, ACCP PBRN



We will be recruiting sites in the next few months for two funded studies that will be using the PBRN. The first is a noninterventional study evaluating the challenges and attitudinal barriers to adopting immunization recommendations in U.S. health systems. In 2012, the Advisory Committee on Immunization Practices (ACIP) recommended the 13-valent pneumococcal conjugate vaccine (PCV13) for adults 19 years and older with immunocompromising conditions. However, to

ensure success, implementing guidelines at the patient care level requires a comprehensive, multidisciplinary approach to recognize and overcome operational barriers. In addition, there is considerable competition for the limited resources required to implement guidelines at the institutional or health-system level. Using a comprehensive questionnaire, this study seeks to identify challenges and barriers in the implementation or updating of guidelines, using the ACIP pneumococcal immunization recommendations as a model.

The second study seeks to identify prescriber perceptions of, attitudes about, and preferences for various factors important in the choice of antipsychotic therapy. The primary aim of this study is to determine how clinicians' (psychiatrists and pharmacists) beliefs and attitudes affect the choice of atypical antipsychotic agents in the therapy of schizophrenia and bipolar disorder. Although we have a relatively good understanding of the effectiveness and safety of many newer antipsychotic medications, no studies have been conducted in the United States to evaluate factors affecting prescriber selection of these medications, perception of effectiveness and safety, or preferences for selecting therapy since the availability of newer antipsychotic agents.

We will be conducting feasibility assessments and recruiting for both studies in the near future. If you are not currently a member, please consider joining the PBRN and participating in one of these studies. For more information about these studies or about how you can get involved with PBRN projects, please contact us by e-mail ([pbrn@accp.com](mailto:pbrn@accp.com)) or telephone (913) 492-3311.

### Spotlight on Member Research Accomplishments



In the future, the Research Institute (RI) will be regularly recognizing and publicizing research awards and scholarly activity by ACCP members. We have identified several mechanisms for disseminating this newsworthy information, and beginning in April, the RI will begin soliciting and gathering information about members' grants, publications, and other research activities.

Unfortunately, most of us never know who recently received a career development award, published new clinical findings, successfully competed for a \$20,000 extramural research award, served as an investigator on an R01, or participated on a scientific review committee. Among the numerous benefits that may be realized by sharing member achievements are recognition of new networking and collaborating relationships, enticement of more students and postgraduate trainees to investigate research opportunities, discovery of new

mentoring connections, and better overall appreciation of clinical pharmacy research activity. But we will have to know about it in order to promote it!

Watch for details on how to submit your awards and activities in the April *ACCP Report*.

### The 2014 Focused Investigator Training Program



What do Lynda Welage, Robbie Parker, Grace Kuo, Reggie Frye, Karen Farris, Susan Fagan, Mary Ensom, Vicki Ellingrod, Jennifer Cocohoba, and John Cleary have in common? They are among the faculty mentors already planning to attend the July 10–14 Focused Investigator Training (FIT) Program at the University of Georgia in Athens, Georgia.

**Will you be there? FIT applications are due by March 31, 2014.**

The 2014 FIT informational brochure, FAQs, and application are available at <http://www.accpri.org/fit/>.

### ACCP Member Spotlight: Nicole Olson



Dr. Nicole Olson is a clinical pharmacy specialist – patient aligned care team (PACT) at the Veterans Affairs Medical Center (VAMC) in Tomah, Wisconsin. She earned her Pharm.D. degree from the University of Minnesota College of Pharmacy. In 2011, she completed a PGY1 Pharmacy Residency at the VAMC in West Palm Beach,

Florida. She is a Board Certified Ambulatory Care Pharmacist who focuses on primary care.

Dr. Olson primarily works in a primary care clinic treating veterans with diabetes, hypertension, hyperlipidemia, heart failure, tobacco cessation, asthma, and COPD. She also works ½ day each week in the anticoagulation clinic. In between seeing patients, Dr. Olson reviews nonformulary requests and answers many drug-related information questions for providers and other health care workers with whom she works closely. In addition, she is the provider for two shared medical appointments—one for diabetes and the other for heart failure.

When Dr. Olson began pharmacy school, she did not anticipate pursuing a clinical pharmacy career. Her clinical interests grew each year of school until she experienced her fourth-year rotations, when she realized she wanted to pursue a residency so that she might train to become a clinical pharmacist. Through her fourth-year rotations, she

discovered her pharmacy niche in ambulatory care while on rotation at a cardiology clinic at the West Palm Beach VAMC. She is passionate about ambulatory care because she enjoys seeing patients, establishing the provider/patient relationship, and adjusting patients' medications. Dr. Olson considers helping patients to medically improve the most rewarding aspect of her pharmacy career. She also enjoys being the primary medication resource for provider questions. She enjoys the challenges a career in clinical pharmacy brings, noting that it forces her "to stay on her toes" and keep up with the latest research and practice guidelines. For these reasons, she pursued an ambulatory care clinical pharmacy position at the VAMC in Tomah, Wisconsin, after her residency.

Although Dr. Olson gives credit to all of the preceptors from her residency for influencing her career and shaping her to be the clinical pharmacist she is today, one preceptor in particular had the biggest impact on her career: Dr. David Parra. Not only was Dr. Parra one of her residency preceptors, but he was also the preceptor for the rotation she had as a student that made her choose to pursue ambulatory care pharmacy. He pushed Dr. Olson and challenged her to be the best pharmacist that she could be. She feels that Dr. Parra went out of his way to help her succeed. He taught her how to be a good clinical pharmacist, the importance of work-life balance, and how to make work challenging, rewarding, and fun. Although she is now hundreds of miles away, Dr. Parra continues to help her and provide guidance when needed. Dr. Olson considers Dr. Parra an exceptional preceptor, mentor, and teacher.

Because preceptors have had such an impact on Dr. Olson's career, she intends to be a preceptor for students and residents. Having had great mentors and preceptors as a student and resident, she knows the value of training the future of clinical pharmacy. She intends to make the aspiring pharmacists better pharmacists, just as her preceptors did for her.

## 2014 ACCP Clinical Pharmacy Challenge: Make Plans Now to Participate



ACCP's national pharmacy student team competition returns in 2014. Now in its fifth year, the Clinical Pharmacy Challenge offers eligible teams the opportunity to compete in up to four online rounds, with the top eight teams advancing to the live quarterfinal competition at the 2014 ACCP Annual Meeting in Austin, Texas, in October. Team registration opens April 7.

Plan now to participate this fall.

## Competition Overview

The ACCP Clinical Pharmacy Challenge is a team-based competition. Teams of three students will compete against teams from other schools and colleges of pharmacy in a "quiz bowl"-type format. Only one team per institution may enter the competition. Institutions with branch campuses, distance satellites, and/or several interested teams are encouraged to conduct a [local competition](#). ACCP provides a local competition examination that institutions may use in selecting their team. The local competition exam will be released on April 7, 2014. Faculty members interested in using the exam may send an e-mail request to Michelle Kucera, Pharm.D., BCPS, at [mkucera@accp.com](mailto:mkucera@accp.com).

Preliminary rounds of the national competition will be conducted virtually in September. The quarterfinal, semifinal, and final rounds will be held live at the ACCP Annual Meeting in Austin, Texas, October 11–13, 2014.

Each round will consist of questions offered in the three distinct segments shown below. Item content used in each segment is developed and reviewed by an expert panel of clinical pharmacy practitioners and educators.

- Trivia/lightning
- Clinical Case
- Jeopardy-style

Each team advancing to the quarterfinal round held at the ACCP Annual Meeting will receive three complimentary student full-meeting registrations. Each team member will receive an ACCP gift certificate for \$125 and a certificate of recognition. In addition, semifinal teams not advancing to the final round will receive a semifinal team plaque for display at their institution. The second-place team will receive a \$750 cash award (\$250 to each member) and a commemorative team plaque. The winning team will receive a \$1500 cash award (\$500 to each member), and each team member will receive a commemorative plaque. A team trophy will be awarded to the winning institution.

Students are not required to be members of ACCP to participate. Team registration may be submitted online and must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their ACCP [faculty liaison](#). If no ACCP Faculty Liaison has been identified, any faculty member from the institution may initiate the registration process. The registering faculty member must confirm the eligibility of all team members and/or alternates online before a team will be permitted to compete in the Clinical Pharmacy Challenge. The deadline to complete team registration and confirm eligibility is September 2, 2014.

For more information on the ACCP Clinical Pharmacy Challenge, including the competition schedule, sample items, and FAQ section, please [click here](#).



## Research Institute Staff Available to Meet with Members During Next Month's ACCP Spring Meeting in Chicago.



ACCP Research Institute (RI) staff members will be present at the upcoming spring meeting, Updates in Therapeutics® 2014, in Chicago. RI staff will be available during the morning networking breakfasts

for discussion and "Q&A" about the Practice-Based Research Network, the Focused Investigator Training Program, and anything else research related. Do you have a potential research project idea you'd like to discuss? Stop by our networking table or arrange in advance an individual appointment during the Updates in Therapeutics® meeting by calling (913) 492-3311 or contacting us by e-mail:

Rachel Chennault, Ph.D.  
PBRN Assistant Director  
[rchennault@accp.com](mailto:rchennault@accp.com)

Sheldon Holstad, Pharm.D.  
Research Institute Director  
[sholstad@accp.com](mailto:sholstad@accp.com)

## New Members

Robert Adams  
Cyril Afeavo  
Fadi Aizouki  
Mahdi Algargoosh  
Ali Al-Homoud  
Dina Ali  
Ashley Allender  
Saige Allison  
Waleed Alshehri  
Dustin Ambrose  
Mohamed Amer  
Michael Anczak  
Holly Anderson  
Ryan Anderson  
Stephanie Anderson  
Jessica Andrade  
Lauren Annas  
Christina Ashjian  
Poe Aunggyi  
Danielle Ball  
Ke'la Barnes  
Megan Barringer

Christopher Bartolillo  
Steven Barton  
Margaret Beaugh  
Nikki Beck  
Jill Bennett  
Julie Bennett  
Bryce Benson  
Sunny Bhakta  
Hilary Binta  
Abby Boire  
Satya Bontha  
Rachel Boulio  
Michelle Brodowy  
Jaxson Burkins  
Karen Busbey  
Eric Butcher  
Margeaux Byrd  
Brianna Cajacob  
William Calhoun  
Matthew Calnan  
Danielle Carbajal  
Liza Castro

Jamilah Chadwick Brunson  
Ngum Che  
Amanda Chee  
Rashna Chinoy  
Susan Cho  
Rowshan Chowdhury  
Sonja Christensen  
Stephanie Cimoch  
Victoria Ciummo  
Crystal Clemens  
Kalin Clifford  
Kenneth Cole  
Clyde Coleman  
Sheree Coleman  
Sheila Collins  
Brady Conner  
Whitney Conroy  
Jordan Cooler  
Nancy Cope  
Susan Corcoran  
Alex Covey  
Tyler Cox  
Jordan Csati  
Kim Cuellar  
Katie Cunningham  
Majd Dahabreh  
Abdallah Dakhlallah  
Bao Dao  
Danielle DeBias  
Catherine Decker  
Hanna Delaney  
Jimmy Delaney  
Kendra Delibert  
Lyndsie Delprato  
Yawen Deng  
Andrea DePalma  
Grishma Desai  
Zankhana Desai  
Daniel Diaz  
Vincent Di Chiara  
Gabriella Diecidue  
Danny Dinh  
Johnathon Dodson  
Brandon Dolly  
Alyssa Donadio  
Randell Doty  
Kayla Duford  
Alissa DuVall  
Zachary Earhart  
Mark Elhardt  
Corey Elias  
April Elling  
Kathryn Elofson  
Erielle Anne Espina  
Brett Ethier  
Georgina Farrow  
Christopher Fortier  
Angela Frank  
Dhanraj Fray  
Jessica Freshour  
Masoud Gholamizadeh  
Eric Gibbs  
Elise Gilbert  
Pavandeep Gill  
Amanda Gillispie  
Nicholas Giruzzi  
Daniele Glas  
Jerri Glasgo  
Stephanie Glessing  
Sylvia Gomez  
Shannon Gowen  
Jawaher Gramish  
Frances Gray  
Megan Grischeau  
Katherine Groh  
Rakesh Guduru  
Cynthia Hager  
Erin Hamai  
Dana Hamamura  
Yorika Hammett  
Alisyn Hansen  
Kelsie Hanson  
Alicia Harnisch  
Kaitlyn Harrington  
Avery Hart  
Ian Hatlee  
Danika Hayashi  
Margaret Henderson  
Glenn Hernandez  
David Hernandez Angeles  
Michelle Hessel  
Kyle Hoffmann  
Tina Hoikka  
René Holland  
Dawn Holt  
Anna Howard  
Michelle Howerton  
Ling-kuan Hsu  
Jaclyn Hutzly  
Stephen Hwang  
Lisa Hymel  
Lindsay Itró  
Urszula Jagodynska  
Benjamin Jagow  
Rick Jarecke  
Sean Kane

Elisabet Karaali  
 Cindy Keen  
 Maxx Keizer  
 Mohammad  
 Khoshneviszadeh  
 Michele Khoury  
 Sarah Kim  
 Markie Kindred  
 Nicole Knudson  
 Emily Kobos  
 Jennifer Kohn  
 Rebekah Koon  
 Logan Kunath  
 Adrienne Lacheta  
 Ruth Lancaster  
 James Landsheft  
 Christine Lang  
 Sierra Langstaff  
 Laurimay Laroco  
 Phuong-Nga (Jessica) Le  
 Annie Lee  
 Debbie Lee  
 Jennifer Lee  
 Song Lee  
 Jayme Lentz  
 Leandra LePorte  
 Grace Leung  
 Siyue Li  
 Huong Lieu  
 Seth Lilly  
 Kathy Lin  
 Jacob Lines  
 Rashida Lloyd  
 Muy Low  
 Abbey Loy  
 Vanessa Lujan  
 Emily Lundeen  
 Natalie Lutkowski  
 Megan Lyons  
 Alan Mader  
 Niloofer Mahyari  
 Jodie Malhotra  
 Golda Manuel  
 Siva Marreddi  
 MaryBeth Marten  
 Jessica Martinez  
 Daniel Mathan  
 Cathleen Mathew  
 Kaitlyn McDonald  
 Lauren McEachern  
 Sandra Melende-Tirado  
 Katrina Meredith  
 Jaime Mesenbrink

Linley Mild  
 Jennesa Miller  
 Jessica Miller  
 Emi Minejima  
 Christina Mnatzaganian  
 Haiden Mohl  
 Carlee Montgomery  
 Daniel Morawiec  
 Rebecca Morcheid  
 Golam Morshed  
 Emily Motola  
 Traven Moulton  
 Mallory Mouradjian  
 Nayma Moya Romero  
 Eric Myers  
 David Nardo  
 Somayyeh Nasiripour  
 Valerie Nauditt  
 Lori Nauman  
 Audrey Newcomb  
 Lorna Ngo  
 Anh Nguyen  
 Jenna Nickless  
 Muataz Noffel  
 Veronica Nunez  
 Jill O'Donnell  
 Monica Orsborn  
 Dario Pantano  
 Stephanie Parker  
 Premrata Paryani  
 Sarah Passafiume  
 Jessica Patel  
 Suruchi Patel  
 Viteshkumar Patel  
 Yashmi Patel  
 Brooke Patterson  
 Karina Petrovets  
 Kailey Phillips  
 Alexandra Pietras  
 Navneet Piton  
 Emily Poh  
 E. Popkin  
 Beatrisa Popovitz  
 Hannah Pratt  
 Robert Presley  
 Justin Presutto  
 Michael Pritchett  
 Ali Pryne  
 Christina Purcell  
 Ashley Ramp  
 Amanda Rennick  
 Beth Ridley  
 Ernesto Rivera

Teryl Romeo  
 Meghan Rowcliffe  
 Michelle Rushano  
 Rebekah Rutledge  
 Michael Ryan  
 Tenley Ryan  
 Kimberly Saathoff  
 Heather Salinger  
 Brandon Samson  
 Amanda Schlichenmayer  
 Pamela Schneider  
 Derrick Schoeben  
 Christopher Schott  
 Stephanie Schroeder  
 Maviann Schuler  
 Christopher Sedgwick  
 Valerie Semich  
 Dhara Shah  
 Li Rebecca Shapiro  
 Kevin Sheehan  
 Derek Sheffer  
 Mollie Sheron  
 Jia Shi  
 Reina Shimozone  
 Yashar Shirmohammadu  
 Heather Shull  
 Deborah Siegfried  
 Dana Simonson  
 Vata Sitimascharoen  
 Briana Smith  
 Devlin Smith  
 Justin Smith  
 Marie Snyder  
 Melanie Snyder  
 Dana Springer  
 Lauren Stauffer  
 Teale Steffes  
 Yanan Sui  
 Brianna Sullivan  
 Dusica Szczybura  
 David Sze  
 Garry Taylor  
 Renata Taylor  
 Vincent Teo

Salma Tewfik  
 Emily Thai  
 Catherine Thomas  
 Bryan Thompson  
 Mona Thompson  
 Sarah Thompson  
 Matthew Sean Thorpe  
 Jonathan Tiongson  
 Kevin Toms  
 Hang Tran  
 Michael Tran  
 Vivian Tran  
 Paulina Trzcinka  
 Veneta Tsonev  
 Montana Vichorek  
 Lindsay Villalobos  
 Jeremy Wagner  
 Kaja Wagner  
 Lee Waller  
 Kristen Wallinger-Lange  
 Lisa Walsh  
 Chelsea Warren  
 Kaitlin Wasko  
 Shelby White  
 Joshua Wiegel  
 Adam Wilcox  
 Celeste Williams  
 Audra Wilson  
 Nancy Wilson  
 Janet Winslow  
 Rosalyn Wiseley  
 Garrett Wolfe  
 Yvonne Wong  
 Harrison Wood  
 Joshua Wood  
 Stephanie Woodward  
 Debbie Wu  
 Joseph Yakum  
 Amy Yanicak  
 Justin Yee  
 Melissa Yee  
 Carrie Zechmeister  
 Qu Zhong  
 Susan Zweig

**The following individuals recently advanced from Associate to Full Member:**

Michalea Daggett  
 Byrdena Dugan  
 Megan Jensen  
 Amy Kennedy  
 Tatyana Lawrecki

Lauren McNace  
 Brian Murray  
 Manasa Murthy  
 Michelle Musser  
 Marcia Wessels

### **New Member Recruiters**

Many thanks to the following individuals for recruiting colleagues to join them as ACCP members:

Dustin Ambrose	Golam Morshed
Donna Beall	LeAnn Norris
Tricia Berry	Welton O'Neal
Bradley Boucher	Elizabeth Ratti
Julianne Boylan	Roseann Richards
Marquita Bradshaw	Kimberly Saathoff
Jaxson Burkins	Colleen Sacco
Katherine Cabral	James Scott
Kayla Cook	Kanan Shah
Lauren Dombrowski	Derek Sheffer
Andrea Glogowski	Jeffrey Sherer
Angela Hatter	Erika Smith
Mark Johnson	Brian Spence
Gleen Josaphat	Bojana Stevich
Samantha Karr	Mary Thoennes
Christopher Laman	Jennifer Tilleman
Sierra Langstaff	Ryan Tilton
Charles Latimore	Kyle Townsend
Danielle MacDonald	Katy Trinkley
William Malloy	Jodie Turosky
Brandon Martinez	Robert Wills
Kaitlyn McDonald	Joseph Yakum
Andrew Miesner	Peter Yap