

ACCP Report

American College of Clinical Pharmacy

Mary T. Roth, Pharm.D., M.H.S., FCCP; Editor
Michael S. Maddux, Pharm.D., FCCP; Executive Director

Vol. 26, No. 4; April 2007

Abstract Submission Deadline for 2007 Annual Meeting is June 15

All investigators in the field of clinical pharmacy and therapeutics, both ACCP members and nonmembers, are invited to submit abstracts of papers to be considered for presentation at the 2007 Annual Meeting, October 14-17, 2007, in Denver, Colorado. Abstracts must be submitted online at <http://accp.confex.com/accp/2007am/cfp.cgi> and may be submitted in one of the following categories:

Original Research: Abstracts must describe original research in education, health sciences, therapeutics, pharmacokinetics, pharmacodynamics, pharmacoeconomics, pharmacoepidemiology, or pharmacogenomics.

Clinical Pharmacy Forum: Abstracts must describe the delivery, development, justification, or documentation of innovative clinical pharmacy services. Abstracts dealing with clinical services payment or cost analysis are encouraged.

Resident and Fellow Research-in-Progress: Submission and evaluation criteria are those of an Original Research presentation except that the research effort is ongoing.

Student Submissions: Submission criteria are those of an Original Research presentation. Partially completed data are acceptable for inclusion. Abstracts should provide an assessment of the likelihood of project completion by date of presentation. The presenting author must be a student. The exclusive deadline for student abstracts is Friday, July 6, 2007, midnight, Pacific Daylight Time.

All abstracts accepted for presentation (with the exception of Encore Presentations) in the Original Research and Clinical Pharmacy Forum categories will automatically be entered in the Best Poster Award competition. Judging of finalists will occur during the poster sessions at the meeting.

Excluding student submissions, the deadline to submit abstracts is Friday, June 15, 2007, midnight, Pacific Daylight Time. For more information about the Call for Abstracts and the 2007 Annual Meeting, please contact Emma Webb, ACCP's Professional Development Coordinator, at (913) 492-3311, extension 20, or emmawebb@accp.com.

Attention Students: Apply Online Now for Appointment to the ACCP National StuNet Advisory Committee

Are you interested in becoming more involved with the American College of Clinical Pharmacy?

Student members who want to develop leadership skills, expand opportunities for student pharmacists within ACCP, and introduce other students to the many facets of clinical pharmacy are encouraged to apply for appointment to the 2007-2008 National StuNet Advisory Committee.

What is the ACCP National StuNet Advisory Committee?

The StuNet Advisory Committee was initially impaneled as an ad hoc advisory group to the ACCP Board of Regents. This advisory group met at the 2007 Annual Meeting in St. Louis, Missouri, and will meet again at the 2007 Spring Practice and Research Forum in Memphis, Tennessee.

In fall 2007, the StuNet Advisory Committee will become an annual committee composed of members appointed each year by the ACCP President. Members will generally serve a 1 year term, and the committee will typically be composed of 8-12 members. The leadership of the committee is also appointed by the ACCP President.

Leadership positions include:

- Chair (1-year term)
- Vice Chair (2-year term; serves first year as Vice Chair and then assumes Chair position in the second year)
- Secretary (1-year term)

The ACCP National StuNet Advisory Committee's charges will be assigned by the ACCP President annually. Current charges to the current StuNet Advisory Committee are:

1. Provide feedback and suggestions regarding the StuNet Web site content and listserv postings.
2. Develop content and programming ideas for student sessions at the 2007 ACCP Annual Meeting in Denver, Colorado.
3. Provide suggestions to increase ACCP visibility on pharmacy school campuses.
4. Identify opportunities to increase student pharmacist involvement with ACCP.

(continued on page 2)

(continued from page 1)

Students interested in serving on the 2007-2008 ACCP National StuNet Committee, either as a member or in a leadership role, may apply for appointment.

Applications must include:

1. CV or resume.
2. Committee Membership statement of interest.
Please describe why you are interested in serving on the committee, including any specific qualifications that you might have.
3. Committee Leadership statement of interest (if applicable).
If you are interested in serving in one of the committee's leadership positions, include a statement describing such interest and list specific qualifications for the position for which you are seeking consideration.

Chair (1-year term)

Qualifications:

- ACCP student member in good standing.
- Will be a third or fourth professional year student while serving as chair.

Responsibilities:

- Presides at all committee meetings.
- Creates agenda for committee meetings.

Vice-Chair (2-year term)

Qualifications:

- ACCP student member in good standing.
- Will be a second or third professional year student at the time of assuming position.

Responsibilities:

- Assumes the duties of the Chair in his or her absence.
- Assists Chair with duties as assigned.

Secretary (1-year term)

Qualifications:

- ACCP student member in good standing.
- Will be a second, third, or fourth professional year student at the time of assuming position.

Responsibilities:

- Records and maintains minutes from all committee meetings.
- Distributes minutes and other correspondence to committee members.

4. A letter of recommendation from the Academic Dean or his/her designee expressing support for your participation.

[Click here](#) for more information or to apply online.

Make a Tax-Deductible Contribution to the Student Meeting Travel Fund

Help Support Increased Student Involvement in ACCP

Over the past year, the College has promoted student involvement in a variety of ACCP activities and services, including attendance at our national meetings. Opportunities such as this give students a broad exposure to clinical pharmacy and provide unique opportunities to participate in ACCP at the national level. However, encouraging student meeting attendance has been hampered by one major factor: limited student financial resources. To help alleviate some of this economic burden, ACCP established the Student Meeting Travel Fund in 2006.

The Student Meeting Travel Fund provides financial assistance to students who wish to attend an ACCP meeting. Since the debut of the Best Student Poster competition last year, a growing number of students have expressed interest in attending ACCP meetings. The number of student registrants, as well as the number of student abstract submissions, has almost tripled over the past year. In addition, with the advent of the StuNet Advisory Committee, students now have an opportunity to serve on a national ACCP committee and increase the range of opportunities for student pharmacists within ACCP. However, they still face the cost of travel, hotel, and meeting registration. Student Meeting Travel Awards help defer a portion of the costs associated with meeting attendance.

ACCP members are encouraged to help support these future clinical pharmacists. There are three ways members can make their *tax-deductible* contributions to the fund:

- Stop by the registration desk at the Spring Practice and Research Forum in Memphis.
- Contact ACCP Customer Service at (913) 492-3311 to use a credit or debit card to make a contribution.

Mail a check, payable to "ACCP Student Meeting Travel Fund" to: ACCP, 13000 W. 87th St. Parkway, Lenexa, KS 66215-4530.

Your financial support will benefit student pharmacists who might not otherwise be able to attend an ACCP meeting.



Washington Report

C. Edwin Webb, Pharm.D., M.P.H.
Director, Government and Professional Affairs

**Implementation Status Update:
National Practitioner Identifier Number**

Contingency Plans Recently Published by CMS

Officially, only 1 one month remains until the **May 23, 2007, deadline** for health care providers to begin using their "national practitioner identifier" (NPI) number on electronic health care transactions. Health care providers, **including pharmacists**, were able to begin applying for their NPI on May 23, 2005, as previously published in the ACCP Report. The NPI is a standardized and unique 10-digit number that will be used to identify health care providers in electronic transactions with federal and state programs such as Medicare and Medicaid, and in claims transactions with other third party payers. The NPI is intended to remove the need for providers to have multiple identification and/or

(continued on page 3)

(continued from page 2)

billing numbers for communication with various health plans or payers. It was mandated as part of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 in order to promote greater standardization and efficiency in health care delivery.

“Covered health care providers” under HIPAA are **required** to obtain an NPI. A covered health care provider is a health care provider who electronically transmits any health information between two parties to carry out financial and administrative activities, and claims, related to health care. Pharmacies and some pharmacists (those who transmit information electronically and/or bill on their own behalf, not on a pharmacy’s behalf) are considered covered health care providers under HIPAA and are required to obtain a NPI.

Hopefully, all ACCP members have now applied for and received their own NPI. If not, you are urged to apply for your individual NPI number NOW. As the practice of clinical pharmacy continues to evolve, the NPI will serve a vital function in identifying the pharmacist as a provider of patient care services. As a reminder, the Web site for NPI application is:

<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>

NPI Contingency Plan Information:

Despite the 2-two year lead time, there have been various reports of problems and delays in implementing NPI use by providers, health plans, and other entities. The following information was recently published by CMS to clarify its enforcement approach concerning implementation of the NPI regulations following the May 23, 2007, deadline:

Guidance on Compliance with the HIPAA National Provider Identifier (NPI) Rule

After the May 23, 2007, Implementation Deadline

BACKGROUND

To improve the efficiency and effectiveness of the health care system, Congress enacted the Health Insurance Portability and Accountability Act (HIPAA) of 1996, which included a series of “administrative simplification” provisions that required the Department of Health and Human Services (HHS) to adopt national standards for electronic health care transactions and code sets and identifiers to be used in those transactions. The final rule adopting the NPI as the standard unique health identifier for health care providers was published on January 23, 2004, and became effective on May 23, 2005. All covered entities must be in compliance with the NPI provisions by May 23, 2007, except for small plans, which must be in compliance by May 23, 2008. Compliance means in part that the NPI must be used by covered entities to identify providers on all HIPAA covered transactions that call for health care provider identifiers. Covered transactions that require a health care provider’s identifier that are transmitted containing only legacy identifiers (identifiers in use today) or containing both legacy identifiers and NPIs would be noncompliant.

The NPI final rule is clear: May 23, 2007, is the final deadline for covered entities, other than small plans, to comply with HIPAA’s NPI provisions. After that date, covered entities,

including health plans (other than small health plans), may not conduct noncompliant transactions. With the May 2007 deadline just ahead, HHS has received a number of inquiries expressing concern over the health care industry’s state of readiness.

In response, the Department believes it is particularly important to outline its approach to enforcement of HIPAA’s NPI provisions. The Department will continue to provide technical assistance to the industry and issue guidance on the NPI provisions and compliance requirements.

ENFORCEMENT APPROACH

The Secretary has delegated to the Administrator of the Centers for Medicare & Medicaid Services (CMS) authority to enforce the electronic transactions, code set, security, and identifier provisions (i.e., non-privacy administrative simplification provisions) of HIPAA. CMS will focus on obtaining voluntary compliance and use a complaint-driven approach for enforcement. When CMS receives a complaint about a covered entity that appears to allege a failure to comply with a non-privacy administrative simplification provision of HIPAA, it will notify the entity in writing that a complaint has been filed. Following notification from CMS, the entity will have the opportunity to 1) demonstrate compliance, 2) document its good faith efforts to comply with the standards, and/or 3) submit a corrective action plan.

Although there are many examples of complaints that CMS may receive, the following is one example that illustrates how CMS expects the process to work.

Example: A complaint is filed against a health plan (that is not a small health plan) solely because it accepts and processes transactions containing both legacy identifiers and NPIs while working to help its provider trading partners achieve compliance.

In this situation, CMS would 1) notify such a plan of the complaint, 2) based on the plan’s response to the notification, evaluate the plan’s efforts to help its noncompliant providers come into compliance, and 3) if it is determined that the plan had demonstrated good faith and reasonable cause for its non-compliance, not impose a penalty for the period of time CMS determines is appropriate, based on the nature and extent of the failure to comply.

For example, CMS would examine whether the health plan (that is not a small health plan) undertook a course of outreach actions to its trading partners on awareness and testing, with particular focus on the actions that occurred prior to the May 23, 2007, NPI compliance date. Similarly, health care providers should be able to demonstrate that they took actions to become compliant prior to the May 23, 2007, NPI compliance date, including obtaining an NPI. If CMS determines that reasonable and diligent efforts have been made, the cure period for noncompliance would be extended at the discretion of CMS. Furthermore, CMS will continue to monitor the covered entity to ensure that their sustained efforts bring progress towards compliance. If continued progress is not made, CMS will step up their enforcement efforts towards that covered entity.

Organizations that have exercised good faith efforts to correct problems and implement the changes required to

(continued on page 4)

(continued from page 3)

comply with HIPAA should document such efforts in the event of a complaint being filed. This flexibility will permit health plans to mitigate unintended adverse effects on covered entities' cash flow and business operations during the 12 -month transition to the NPI standards, as well as on the availability and quality of patient care.

WORKING TOWARD COMPLIANCE

In the few remaining months before the May 23, 2007, deadline for all covered entities other than small health plans, HHS encourages those covered entities to intensify their efforts toward achieving compliance with the NPI requirements. In addition, HHS encourages health plans that are not small health plans to assess the readiness of their provider communities to determine the need to implement contingency plans to maintain the flow of payments while continuing to work toward compliance.

Although compliance with the NPI is a huge undertaking, the result will be greatly enhanced electronic communication throughout the health care community. Successful implementation will require the attention and cooperation of all health plans and clearinghouses, and of all providers that conduct electronic transactions. HHS plans to reassess industry readiness on the May 23, 2007, compliance date, and throughout the 12 -month contingency plan period.



More 2006 Frontiers Fund Contributors Recognized

As was noted in the February 2007 issue of the ACCP Report, the ACCP Research Institute will provide more than \$500,000 in support of clinical pharmacy research and research training during 2007 through its various Research Awards, Fellowships, and Traineeships.

The Frontiers Career Development Research Awards support previously unmet or underserved areas of health services, clinical, and translational research. These awards are made possible in large part by the contributions that nearly 600 ACCP members and several Practice and Research Networks and ACCP Chapters made to the Frontiers Fund in 2006. More information about the Frontiers Fund can be found at www.accp.com/frontiers/. In addition to those contributors listed previously in the February ACCP Report, we would like to express our deepest appreciation to the following individuals for their contributions to the Frontiers Fund in 2006.

Beth Devine
Tracy M. Hagemann
Melanie S. Joy
Nancy M. Perrin
Panit Pollavith
Shaun Rowe
J. Mark Ruscin
Kathleen M. Tornatore

Cover the Uninsured Week 2007

ACCP Joins Cover the Uninsured Week 2007 to Help Get America's Kids Covered

There has never been a more important time for America to come together for *Cover the Uninsured Week* to ensure that all of America's kids get the health care coverage they need. Now in its fifth year, *Cover the Uninsured Week* will take place April 23-29, 2007, in communities across the country. This year, volunteers will focus on covering America's children and demonstrate broad, public support for reauthorizing the State Children's Health Insurance Program (SCHIP).

Ten years ago, Congress enacted SCHIP with bipartisan support, and this year our nation's leaders have the opportunity to continue to cover children currently enrolled in SCHIP and expand the program to cover millions more children in need of health coverage. Working together, concerned citizens and organizations in communities across America will send a clear and strong message to our nation's leaders: Our children need health care coverage to grow up healthy and reach their full potential.

The Week's diverse network of business owners, union members, educators, students, patients, physicians, nurses, faith leaders, and others in all 50 states and the District of Columbia will host activities highlighting the success of SCHIP and the need for its reauthorization and expansion. Activities also will emphasize the need for all uninsured Americans to have access to health care coverage. Activities will include press conferences, community forums, enrollment events, seminars for small businesses, educational events on campus, faith-based activities and more.

Cover the Uninsured Week staff members are available to assist organizations and volunteers planning activities. In addition, free planning guides and materials are available for individuals interested in planning events in their communities. Visit www.CoverTheUninsured.org for free guides, materials, additional information and updates.

ACCP 2007-2008 Products and Services Catalog now Available

ACCP has just released its *2007-2008 newest Products and Services Catalog*, which features 20 new publication titles.

This year's 44-page catalog presents the full range of ACCP publications, plus key member services and benefits. The catalog offers more than 100 titles in the areas of therapeutics, research and outcomes assessment, teaching and learning, practice development, and leadership and administration.

The following are new titles added to the bookstore:

On therapeutics

- ADA Pocket Guide to Enteral Nutrition
- ADA Pocket Guide to Nutrition Assessment
- Basic and Clinical Pharmacology, 10th Edition
- Cancer: Principles & Practice of Oncology, Seventh Edition
- CURRENT Medical Diagnosis & Treatment, 2007

(continued on page 5)

(continued from page 4)

- Drugs in Pregnancy and Lactation, Seventh Edition
- The Harriet Lane Handbook, 17th Edition
- The Medical Letter on Drugs and Therapeutics
- Medication Errors, Second Edition
- Poisoning & Drug Overdose, Fifth Edition

On teaching and learning

- Creating Significant Learning Experiences: An Integrated Approach to Designing College Courses
- Engaging Large Classes: Strategies and Techniques for College Faculty
- Teaching at Its Best: A Research-Based Resource for College Instructors, Second Edition
- What's the Use of Lectures? First U.S. Edition of the Classic Work on Lecturing

On leadership and administration

- The 8th Habit: From Effectiveness to Greatness
- Good to Great: Why Some Companies Make the Leap...And Others Don't
- Leadership and Self-Deception: Getting Out of the Box
- The Leadership Challenge, Third Edition
- Synchronicity: The Inner Path of Leadership

On practice development

- Pharmacy Law Desk Reference

To receive the new ACCP 2007–2008 Products and Services Catalog by mail, call ACCP customer service at (913) 492-3311.

Pharmacotherapy Pearls

New Pharmacotherapy Scientific Editors Appointed

Wendy R. Cramer, B.S., FASCP
Richard T. Scheife, Pharm.D., FCCP

Pharmacotherapy's Scientific Editor concept, which was initiated in January 1992, has been a resounding success. Jerry Bauman, Pharm.D., FCCP; Julie Johnson, Pharm.D., FCCP; and Mike Rybak, Pharm.D., M.P.H., FCCP, have all worked tirelessly in their roles as our current Scientific Editors to increase the quality and quantity of Original Research Articles published in *Pharmacotherapy*. Indeed, all Original Research Articles submitted to *Pharmacotherapy* are first screened by one of these editors for appropriateness, impact, and scientific rigor. The Scientific Editors then assume the full editorial control (i.e., select reviewers, assess reviewers' comments, and make the accept/reject judgment) of papers in their areas of expertise. Further, they have direct input to *Pharmacotherapy's* Board of Directors to help guide the journal's strategic editorial direction and are pivotally responsible for the appointment of the journal's Editorial

Board members. We are proud to announce the appointment of three additional Scientific Editors: Gil Burekart, Pharm.D., FCCP; CAB Bond, Pharm.D., FCCP; and Barry Carter, Pharm.D., FCCP. These esteemed scientists will assume their official responsibilities in the summer of 2007.

Minisabbatical Opportunities

Hematology/Oncology Infectious Diseases Nephrology

Take advantage of these minisabbatical programs offered by the respective Practice and Research Networks (PRNs) to enhance your practice or research skills. Learn from a recognized expert who will help you develop new clinical services or expand your research capabilities.

The application deadline is May 1, 2007

For more information and to download application materials, Visit <http://www.accp.com/frontiers/research.php#cardmini>

or contact

Cathy Englund
ACCP Research Institute
Phone (913) 492-3311
cenglund@accp.com

New Members

Molly Adams
Diane Akinyelu
Elham Alipour
Teresa Anderson
Shaghaigh Arab
Sally Arif
Laura Aykroyd
Jennifer Baker
Jessica Baker
Karri Bauer
Angel Beck
Mohamed Belal
Christine Bercume
Douglas Block
Lindsay Bock
Rebecca Brady
Annie Brooks
Lily Brown
Sarah Brown
Jurgen Bulitta
Lilian Chou
Thomas Croce
Tiffany Dea
Karishma Deodhar
Neha Desai
Melissa Dinolfo
Traci Dutton
Lauren Duty

Kathy Eihler
Mohammad Elfaour
John Emmons
Kelley Engle
Eningan Epie
Michelle Ernst
Shanel Fisher
T Renee Freitag
Gesina Fung-A-fat
Claude Gaebelein
Rowena Gascon
Maria Giannakos Whitacre
Cherie Gilman
Hyma Gogineni
Kathy Goldstein
Michael Haile
Alicia Hairston
Alisa Hicks
Peter Hlavinka
Katherine Hoiness
Rebecca Hopper
Mari Lynn Hoselton
Sandra Howie
Jeanette Jiang
Rakhi Karwa
Kendra Keeley
Michael Kelly
Kristina Kilcoyne
Shani King
Lisa Kostelac

(continued on page 6)

(continued from page 5)

Kristyn Lahan
Scott Larson
Michelle Lau
Marissa Lauro
Annette Lipinski
Diana Lucek
Leslie Machos
Angel Maldonado
Michael Martin
Madonna Mashburn
Lindsay Mayer
Cara McDaniel
Laura Michaud
Kerri Mielke
Susan Morey
Michelle Mosteiro
Susan Movahedi
Jeff Nagge
Allison Naso
Lee Nguyen
Trai Nguyen
Natasha Nicol
Jennfer Nieman
Sarah Nisly
Ahmad Omar Noor
Anita Patel
Seema Patel
Rebecca Pauly
Adam Peele
Minoli Perera
Margaret Pitcock
Jeannette Ploetz
Christy Pounders
Nathan Powell
Alissa Raines
Joshua Rains
Nellie Rittase
Robert Rittase
Gervin Robertson
Andrew Segebart
Sandra Senft
Gene Sexton
Lanita Shaverd
Dane Shiltz
Marie Shinkle
Tenzin Shokso
Thucuma Sise
Amy Skiff
Mirta Soto Rosario
Samantha Stewart
Nate Stuckey
Jillian Szczeniul
Jessy Thomas
Tara Tift
Sherri Torrecer
Amy Van Orman
Kendall Van Tyle
Joe Veluzat
Sherri Walston
Matthew Werling
Charles Westergard
Virginia Williams
Julie Willmon
Craig Winter
Kathryn Woo
Christopher Woodis

Patsy Yaude
Kanan Zaveri
Lori Arnold
Susan Banister
Bradley Beck
Johnny Beney
David Booze
Daniel Borgner
Fatima Brakta
Mandy Brooks
Wenjing Cai
David Cline
Krissa Crawford
Jordan Csati
Lauren Czosnowski
Quinn Czosnowski
Wendy Duncan-Hewitt
Karen Fields
Brandi Flemming
Caron George
Jon Godden
Dean Goroski
Sarah Graff
Jeremy Hall
Susan Hamblin
Marissa Hamel
Charles Hayes
James Hill
Darriel Johnson
Nicole Kallenberger
Erin Kohler
Agnieszka Koniecka
Cindy Lai
Callie Lane
Cora Latham
Truc Le
Sophia Lim
Keith Lo
Cindy Loffler
Matthew Maddox
Emory Martin
Paul Mattson
Diane Medeiros
Janet Mills
Stephen Moerlein
Colleen Moffitt
Nicholas Mordwinkin
Jessica Morris
Jennifer Mulhall
Melissa Mull
Huan Nguyen
Trisha Nguyen
Rebecca Nick-Dart
Kelly O'Neil
Dehuti Pandya
Zoon Park
Jalpa Patel
Haley Phillippe
Oi-Yee Poon
Jasmine Sahni
Jill Schultz
Angela Shogbon
John Tawwater
Eglis Tellez-Corrales
Renee Tichy
Trisha Tom
Thao Tran
Crystal Truax

Han Truong
Kellie Vavra
Carolyn Villareal
Julie West
Tiffany Worsdale

The following individuals recently advanced from Associate to Full Member

Terry Altringer
Judy Ashe
Sylvia Chen
Jamie Conley-Lebeter
Brian Cryder
Neha Desai
Jolie Duffalo
Nicole Fabre-LaCoste
Naomi Florea
Kelli Garrison
Elizabeth Hermsen
Lynnette Klaus
Neha Madhani
Jody McKernan
Amy Potts
Deborah Pritchett
Todd Riehl
Jon Sonoda
Andrea Watson
Julie Boatright
Erika Getzik
Alison Grisso
Wilma Guzman-Santos
Christina Hill-Zabala
Jeff Homann
Michael Kemp
Holly Maples
Allycia Natavio
Boris Nogid
Derrick VanBeuge
Alexandra Vance

Congratulations to the following ACCP members on achieving board certification

Pharmacotherapy

Shantel Mullin
Chengqing Li

New Member Recruiters

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

Betsy Althaus
Anna-Lisa Athaide
Mark Bonfiglio
Thomas Brown
Jill Burkiewicz
Craig Coleman
Michael Crouch
James Dorociak
Heather Draper

Claudine El-Beyrouy
Benjamin Epstein
Susan Fagan
Naomi Florea
Debra Goff
Eric Gupta
Oscar Guzman
Dawn Havrda
Wendy Ann Hendricks
Beverly Holcombe
Linsey James
Jennifer Lake
Matthew Lane
Ishaq Lat
Katashia Partee
Amy Partridge
Mallika Patel
Holly Rickman
Robert Rittase
Colleen Terriff
Kevin Tuohy
Geoffrey Wall
Catherine Wandell
Wes Westmoreland

**Faculty Position
Director of Problem-Based Learning
School of Pharmacy
Texas Tech University Health Sciences Center**

The Texas Tech University Health Sciences Center School of Pharmacy (SOP) is seeking applicants for the newly created position of Director of Problem Based-Learning (DPBL). The DPBL will provide vision and strategic direction for the problem-based learning (PBL) initiatives of the SOP, as well as overall leadership for pedagogic evaluation, outcomes assessment, and faculty development for all PBL curricular experiences. The DPBL will work in concert with the Associate Dean of Academic Affairs, Division Chairs, and faculty teaching teams to ensure the equivalency of individual PBL experiences across campuses and consistency of instruction across all PBL-based courses.

Requirements. Qualified candidates should have a Doctoral degree (Pharm.D., Ph.D., or equivalent) with experience in professional pharmacy education preferred. The successful candidate will have a faculty appointment as a nontenured, assistant/associate professor in one of the academic departments of the SOP, dependent upon the qualifications of the individual. The DPBL will fulfill general faculty responsibilities (teaching, practice, scholarship, and service) matching his/her respective faculty appointment, together with a distribution of effort commensurate with a leadership position in the SOP. The opportunity to transfer to a tenure-track position can be negotiated.

Contact Information. Applicants should send a letter of application, curriculum vitae, and three letters of reference to:

**Shane Greene
Search Committee Chair
Texas Tech School of Pharmacy
VA Medical Center, Bldg 7 – R119A
4500 S Lancaster Rd
Dallas, TX 75216
E-mail: shane.greene@ttuhsc.edu
Telephone: (214) 372-5300, x 235
Fax: (214) 372-5020**

Interested applicants must also access <https://jobs.texastech.edu/> to complete a brief online application.

For More Information. More information about the TTUHSC School of Pharmacy can be found at <http://www.ttuhsc.edu/sop/>.

**Clinical Pharmacy Coordinator – Transplant
Capital Health
Halifax, Nova Scotia**

Let's build a healthier world

Atlantic Canada's largest academic health care organization, the Capital District Health Authority, is looking for a **Clinical Pharmacy Coordinator - Transplant** to join its Pharmacy Department.

Reporting to the Manager, Clinical Pharmacy Services, the Clinical Pharmacy Coordinator provides pharmaceutical care to patients of the Multi-Organ Transplant Program (MOTP) serving Atlantic Canada; co-ordinates and participates in departmental educational programs; and conducts and participates in clinical research activities. This position will include a cross-appointment with Dalhousie University, Department of Surgery.

To meet the challenge, you must have completed a Pharm.D. and have a minimum of 2 years clinical pharmacy practice experience (preferred). You are licensed or eligible to be licensed to practice Pharmacy in the Province of Nova Scotia. In addition, you have strong clinical practice skills and therapeutic knowledge, and experience in quality indicator development and monitoring clinical outcomes. Experience in multi-organ transplantation is preferred. As well, effective teaching skills and knowledge of research practices are definite assets.

This is a permanent full-time position. The salary will be commensurate with experience and qualifications.

Please quote requisition #1001421. The deadline for receipt of applications is May 25, 2007, at 4:00 p.m. For more information regarding these and other positions with Capital Health, we encourage you to visit our Web site: www.cdha.nshealth.ca

To pursue these opportunities, please contact:

**Human Resources, 1278 Tower Road
Halifax, Nova Scotia, B3H 2Y9
Canada
Telephone: (902) 473-5757 (option 4)
Fax: (902) 473-8499
E-mail: externaljobs@cdha.nshealth.ca**