

ACCP Report

Timothy J. Ives, Pharm.D., MPH, FCCP, BCPS; Editor
Robert M. Elenbaas, Pharm.D., FCCP; Executive Director

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Maddux to Become ACCP Executive Director

Concluding a six-month search process, Michael S. Maddux, Pharm.D., FCCP, has been selected from a group of exceptionally qualified candidates to serve as ACCP's Executive Director. The Executive Director search began when Robert M. Elenbaas, Pharm.D., FCCP, announced last fall his plans to step down from the position at the end of 2003. Dr. Elenbaas has served as ACCP's chief staff officer since 1986. Dr. Maddux will join the ACCP staff on October 1 as Executive Director-Designate. Following a three-month transition period, he will assume the Executive Director position January 1, 2004.

A native of Chico, CA, Dr. Maddux earned his Pharm.D. degree from the University of California-San Francisco in 1979, after which he completed a Clinical Pharmacy Residency at the University of Illinois Hospital. He then joined the faculty of the University of Illinois College of Pharmacy, serving also as a Clinical Pharmacist for the Organ Transplant Unit and Transplant Clinics at the University of Illinois Hospital. In 1991, Dr. Maddux moved to the St. Louis College of Pharmacy where he became Assistant Dean for Clinical Development and Director, Division of Pharmacy Practice.

Dr. Maddux's previous contributions to the profession have included serving as a member of the Missouri Task Force on the Mission of Pharmacy and the Missouri Board of Pharmacy Task Force on Scope of Practice Protocols. He has been an active member of the American Association of Colleges of Pharmacy, serving on the Association's Professional Affairs Committee, Task Force on Recruitment and Retention of Pharmacy Practice Faculty, and Section of Teachers of Pharmacy Practice Annual Program Committee. Dr. Maddux has served the American Council on Pharmaceutical Education as an Evaluation Team Member, was a member of the Illinois Commission on Pharmacy, and contributed to the ASHP Research and Education Foundation as a member of their Fellowship Selection Committee.

Dr. Maddux has been a member of ACCP since 1985. Since that time, he has been a member or chair of the Clinical Practice Affairs, Credentials, Industrial Relations, Program, and Strategic Planning Committees. A Fellow of ACCP, Dr. Maddux also received the College's Clinical Practice Award in 1992. He served as an elected Regent on the College's Board of

Regents from 1998-2001, and was lead author on the College's comprehensive "Vision of Pharmacy's Future Roles, Responsibilities, and Manpower Needs in the United States (*Pharmacotherapy* 2000;20:991-1020).

"Although the Board of Regents is very sad to see Dr. Elenbaas step down as Executive Director, we couldn't be more pleased with the outcome of our search process," said Mary Beth O'Connell, ACCP President. "Mike is a great communicator and has excellent leadership skills. As a long-time ACCP member, he obviously knows the organization, its culture and values. He participated in developing our current strategic plan, which included an articulation of ACCP's core values. He is passionate about the College and its members, and is clearly committed to ACCP's core purpose—advancing human health and quality of life by helping pharmacists expand the frontiers of their practice and research. He agrees with our governance structure of shared decision-making with the Board and being a member-driven organization. Mike is very excited about helping all of us achieve our lofty vision for pharmacy and ACCP, and will represent us well in all circles."

When commenting on his appointment, Dr. Maddux commented, "ACCP and the people who make up the College have always been very special to me. My work within the College has been among the most fun and rewarding of my professional experiences to date. I'm honored to be named as ACCP's next Executive Director, and am gratified to have the opportunity to work with the College's members, staff, and elected leadership. I look forward to serving ACCP as we collaborate with pharmacy organizations, governmental leaders and agencies, other health professionals, educators, industry, and the public to continue our quest toward safe and rational drug therapy in our society."

ACCP President O'Connell further commented that "The Board of Regents is also very appreciative of the exceptional work done by the Executive Director Search Committee under Dr. Brad Boucher's leadership. Special thanks to the other committee members Barry Carter, C. Lindsay DeVane, Susan Fagan, Dennis Helling, William Miller, Nancy Perrin, and Mary Roth. They recruited an excellent candidate pool that included men and women from diverse geographical, practice, and organizational backgrounds. Although the extremely strong and diverse candidate list made the Board's task of selecting



the 'best person for the job' more difficult, it also gave us great confidence that the future of the College would be in great hands. Interest in the position from such fine pharmacy leaders was also a sign of the credibility and success of ACCP."

CMS Proposal Would Eliminate Medicare Funding for Pharmacy Residencies

Several of the ACCP Practice and Research Network (PRN) listservs have been abuzz recently with news of a *proposed* change by the Centers for Medicare and Medicaid Services (CMS). If adopted, the proposed rule change would become effective this October and would prevent hospitals from including pharmacy residency training expenses within their "graduate medical education (GME) pass-through" cost-accounting procedures.

The proposed rule appeared in the May 19 issue of the Federal Register. A copy of the relevant pages from this 270-page document can be downloaded from the ACCP Web site at <http://www.accp.com/03Issue.pdf>. The "rationale" put forth by CMS for this proposed change includes the observation that pharmacy residency programs typically are one year in duration and that completion of such residency programs is not required (in a regulatory or licensing sense) to practice pharmacy in the hospital setting. The proposed change also would impact some nursing and other allied health training programs in hospitals.

ACCP is working aggressively with ASHP and other pharmacy organizations to craft a strong, profession-wide opposition to the proposed rule change, which will be communicated to CMS within the next 3-4 weeks. Although longer-term legislative strategies likely will need to be considered as we seek to expand support for a larger number of residency programs and positions in the future, this is a "regulatory" rather than a "legislative" issue at this point. The primary action that individual ACCP members should take is to comment directly to CMS on the negative impact of the proposed rule change on pharmacy residency programs.

The comment period on the proposed rule runs through 5:00 p.m., July 8, 2003. Letters should be addressed to:

Centers for Medicare and Medicaid Services
ATTN: CMS-1470-P
P.O. Box 8010
Baltimore, MD 21244-1850

Please send a copy of your letter to CMS to Ed Webb, ACCP's Director of Government and Professional Affairs at: American College of Clinical Pharmacy-Washington; 1101 Pennsylvania Ave., NW, Suite 600; Washington, DC 20004-2514. It will be very helpful to have these copies on file as we work on this issue now and in the future.

In sending your letter of opposition directly to CMS, it is helpful to know whether the pharmacy residency program(s) with which you are involved are included in the hospital's overall GME support from Medicare (some hospitals do not include pharmacy residencies in their Medicare GME cost reports). Your hospital pharmacy director or financial officers likely can provide that information. However, it is also reasonable to comment on the general principle that such support for pharmacy residency training is important to the profession at large and to the advancement of safe and effective

medication use in hospitals and other patient care settings. You may also want to note that while the financial impact of this proposed change on pharmacy residencies would be significant, its cost savings to Medicare would be very small. Of the \$10 billion Medicare budget for all of GME (most of which supports medical residencies) it is estimated that less than \$10 million (i.e., less than 0.1%) supports pharmacy residencies.

Need more information? Contact Dr. Webb by telephone at (202) 756-2227 or by e-mail at ewebb@accp.com.

ACCP, ASHP to Pursue Collaboration to Increase Number of Residencies

Well before the stir created by the CMS proposal discussed above, a joint task group composed of ACCP and ASHP elected leaders and staff had been working to construct a partnership between the two organizations for the purpose of advancing pharmacy residency training. As a first step toward developing that partnership, the ACCP Board of Regents and the ASHP Board of Directors recently agreed to support philosophically that all pharmacy residency training programs should be reviewed by standards-based accreditation, and that the two organizations will continue their dialog on concerns regarding the accreditation process that need to be addressed on a profession wide basis.

As articulated in the ACCP Strategic Plan (available at <http://www.accp.com/plan2002.pdf>), it is the College's vision that, 20-30 years hence, 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. Integral to this vision is that formal, postgraduate residency training will become mandatory before one can enter practice. To that end, included among ACCP's strategic objectives are to "develop and implement a plan to advocate that postgraduate residency training become a prerequisite for entering clinical pharmacy practice", and to increase "the total number of accredited residency positions ... to 3000" and to "at least double the number of students who pursue residency training" by the end of 2007.

There currently are 535 accredited residency programs in the United States, with an additional 90 programs that have applied for accreditation. The ASHP Commission on Credentialing is recognized as the national accrediting organization for pharmacy residencies. Part of ACCP's rationale for pursuing a collaboration with ASHP to advance residency training is the belief that the profession is served best by a single, strong accreditation mechanism that is fully representative of the various stakeholders involved in residency training. Given the central role that residency training plays in preparing the advanced level clinical practitioners needed to achieve the College's vision for the profession, the ACCP-ASHP task group will continue during the next few months to define an ongoing partnership aimed at increasing both the number of residency positions and the number of students who pursue residency training, as well as addressing concerns identified regarding the current accreditation process.

Darwin Zaske, Clinical Pharmacy Pioneer, Dies at 54

Clinical pharmacy pioneer and ACCP founding member Darwin Zaske passed away on May 4 at his home in North Oaks, MN. Dr. Zaske had been a faculty member at the University of Minnesota College of Pharmacy since 1975. He was also director of pharmaceutical services at St. Paul-Ramsey Medical Center (now Regions Hospital) in St. Paul, MN, from 1978 to 1995.



Zaske was internationally known for his work on individualized antibiotic therapy for burn patients. His groundbreaking work, published in the late-1970s with coauthor Ronald Sawchuck and others, led to the Sawchuk-Zaske protocol for aminoglycoside dosing and ushered in a new frontier for clinical pharmacokinetic dosing services. His 1979 collaboration with Bootman and Wertheimer (*J Pharm Sci* 1979;68:267-72) was one of the earliest economic evaluations of clinical pharmacy services and demonstrated that individualized aminoglycoside dosing in burn patients was not only cost-beneficial but reduced patient mortality.

A fellow of ACCP, Dr. Zaske published more than 100 scientific manuscripts and contributed to more than 20 textbooks throughout his career. He had received the ACCP Russell Miller Award in recognition of his significant contributions to the literature of clinical pharmacy and, hence, to the advancement of clinical pharmacy practice and patient pharmacotherapy. More than 50 residents and fellows, who now practice and conduct research worldwide, studied under Zaske at St. Paul-Ramsey and the University of Minnesota. In addition to being a founding member of ACCP, Darwin served as a member of the College's Board of Regents from 1981 to 1984.

A memorial fund to honor Dr. Zaske and to support pharmacotherapy and clinical pharmacokinetics research and scholarship has been established at the University of Minnesota Foundation, College of Pharmacy 5-138 WDH, 308 Harvard Street SE, Minneapolis, MN 55444.

Washington Report

C. Edwin Webb, Pharm.D., MPH
Director, Government and
Professional Affairs



Channeling Frustration into Action

Occasionally we receive e-mails or letters from members reacting to things they have read in the *ACCP Report*, on the Web site, or the Legislative Action Center. Not surprisingly, the writers are often expressing concerns and frustrations. Such was the case last month in an e-mail received from a member in New York. Reacting to a report on our efforts to achieve provider status for pharmacists within the Medicare program, the member noted that "... these articles have been appearing literally for years ... did these [other recognized providers]

spend [this] many years getting to the level we are at now? Are their lobbyists better than ours? Exactly what is the problem?"

No doubt many members of ACCP and other national pharmacy organizations have asked these or similar questions during the past two years or so. And they are both fair and legitimate questions. What follows is a slightly modified version of the response that was provided to the member. Hopefully, it serves both as an update on the current status of the issue as well as a reminder of the work that, together, ACCP members and staff can accomplish.

"Dr. Smith [not the writer's true name]:

We appreciate you taking the time to comment, and we share your frustration with the pace of change in Medicare's recognition of pharmacists as providers. We are, however, making steady, if deliberate, progress in our work with other national pharmacy organizations, the Congress, and other policy-makers (e.g., The Medicare Payment Advisory Commission and the Agency for Healthcare Research and Quality). We have had legislation introduced or pending in the past two Congresses. Often it takes this type of repeated introduction, failure, and reintroduction to demonstrate our own true commitment to the issue and to achieve a critical mass of issue recognition. The Centers for Medicare and Medicaid Services (CMS) has said, consistently and repeatedly, that their hands are tied in recognizing pharmacists as providers without legislative authority from the Congress. Thus, the legislative track is the approach we continue to pursue most vigorously.

The good news is that we rarely have to explain 'clinical pharmacy services' anymore. Much of our current discussions and negotiations with Congress, interestingly, are more about the scope and affordability of providing such services to Medicare patients than about whether they are effective, or whether pharmacists contribute to quality patient care. Meanwhile, unfortunately, the economic downturn in the U.S. during the past 1-2 years has had a significant impact on the 'comfort level' of Congress in expanding Medicare coverage for pharmacists' services (even though they seem quite ready to pass tax cuts—ah, politics!!).

Speaking of politics, I must also mention the continuing need for ACCP members to be personally involved in direct political advocacy for our issues. If you've invited or had your Congressman, Senators, or their staff members into your practice to see what you do and how it benefits patients; if you've communicated regularly with them about how important this issue is to you and your Medicare patients; if you've built a personal relationship with their staff members who deal with health issues, you are to be congratulated. And you are in a small minority of ACCP members and pharmacists nationwide. This is not to deflect significant responsibility for achieving success from the ACCP government affairs office. It's simply to reiterate that when success comes on these issues—and it will—it will be due to concerted joint effort by ACCP staff AND members in telling our story over and over and over again, and doing the necessary grassroots political spade work consistently until we achieve our goals.

I encourage you to channel your frustration into direct and regular interaction with Senators Clinton and Schumer and Representative Fossella to seek their commitment to help move this issue forward. Please don't hesitate to contact the ACCP government affairs office if we can provide you with information and resources to assist you in that effort.

Thanks again for taking the time to write."

The Pharmacist Provider Coalition has established a free-standing Web site to provide information on the "pharmacists as providers" issue for pharmacists, other health professionals, policy-makers, and the public. Look for it in mid-June:

www.improvingmedicationuse.com

ACCP Annual Meeting Provides Curricular Programming

Set aside November 2-5 to be in Atlanta, GA, for the 2003 ACCP Annual Meeting! Four curricular tracks form the heart of the meeting and allow participants to learn new material in great depth as each day's programming builds on that of the previous day.

CURRICULAR TRACK 1 — THROUGH THE CRYSTAL BALL: AGENTS IN THE PIPELINE

Introduces and examines novel and investigational diagnostic and therapeutic modalities likely to impact patient care in the next 5-10 years.

Monday, November 3

Agents in the Pipeline for Treating Cardiovascular, Neurologic, and Psychiatric Disorders

- ❑ Agents in the Pipeline for Treating Cardiovascular Disorders
Robert B. Parker, II, Pharm.D., FCCP
- ❑ Agents in the Pipeline for Treating Neurologic Disorders
Susan C. Fagan, Pharm.D., FCCP, BCPS
- ❑ Agents in the Pipeline for Treating Psychiatric Disorders
Sheila R. Botts, Pharm.D., BCPP

Tuesday, November 4

Agents in the Pipeline for Treating Oncologic, Infectious, and Pulmonary Disorders

- ❑ Agents in the Pipeline for Treating Oncologic Disorders
Lisa E. Davis, Pharm.D., FCCP, BCPS
- ❑ Agents in the Pipeline for Treating Infectious Diseases
Diane M. Cappelletty, Pharm.D.
- ❑ Agents in the Pipeline for Treating Pulmonary Disorders
H. William Kelly, Pharm.D., FCCP, BCPS

Wednesday, November 5

The Impact of Pharmacogenomics on Disease State Management

- ❑ Pharmacogenomics: Paving the Way for a Medical Revelation or a Revolution?
Howard L. McLeod, Pharm.D.
- ❑ Examining the Therapeutic, Economic, and Humanistic Potentials and Pitfalls of Pharmacogenomics
Leslie Wilson, Ph.D.

CURRICULAR TRACK 2 — CLINICIAN PERSPECTIVES IN MANAGING VARIOUS DISEASE STATES

Using a case-based approach, clinicians from various disciplines will discuss and compare how they manage patients with common diseases.

Monday, November 3

Clinician Perspectives in Managing Obesity

- ❑ Public Health Perspective: An Epidemic of Obesity
Jack A. Yanovski, M.D., Ph.D.
- ❑ Clinical Perspective: Therapeutic Modalities for Treating Obesity
David W. Bartels, Pharm.D., FCCP, BCPS

Tuesday, November 4

Clinician Perspectives in Managing Schizophrenia

- ❑ Inpatient Clinician Perspective: Treating Acute Onset Schizoaffective Disorders
Klugh Kennedy, Pharm.D.
- ❑ Managed Care Perspective: Treating Chronic Schizophrenia
L. Hayley Burgess, Pharm.D., BCPP
- ❑ Research Perspective: Avenues of Inquiry to Improve Our Understanding and Treatment of Schizoaffective Disorders
Paul J. Perry, Ph.D., FCCP, BCPP

Wednesday, November 5

Clinician Perspectives in Managing Peri- and Post-Menopausal Symptoms

- ❑ Allopathic Clinician: Using Hormone Replacement Therapy to Manage Peri- and Post-Menopausal Symptoms
Debra K. Gardner, Pharm.D.
- ❑ Homeopathic Clinician: Using Complementary and Alternative Medicines to Manage Peri- and Post-Menopausal Symptoms
Teresa B. Klepser, Pharm.D.

CURRICULAR TRACK 3 —DISASTER PREPAREDNESS FOR PHARMACISTS

Provides new information regarding the prevention, management, and outcomes of disasters, with an emphasis on terrorism. Various panel members will discuss real life experiences and the roles pharmacists play in response to disaster situations.

Monday, November 3

Preparing for Disaster: Are We Ready?

- ❑ Disaster Medical Assistance Team: A Pharmacist's Perspective
Ronald R. Gaudette, R.Ph., M.B.A.
- ❑ Developing a National Disaster Plan: The Pharmacist's Role
Captain José Cintron, R.Ph., M.A.
- ❑ Institutional Preparedness: Implementing a Disaster Response Plan
Steven Pass, Pharm.D., BCPS

Tuesday, November 4

Responding to Disaster

- ❑ Managing Exposure to Biological Agents
CDR Debra A. Yeskey, R.Ph.
- ❑ Managing Chemical and Radiological Exposures
Kevin O. Rynn, Pharm.D., DABAT
- ❑ Managing Health Care During Natural Disasters
Joseph E. Mazur, Pharm.D., BCPS

Wednesday, November 5

Post-Disaster Fallout: Selected Long-Term Public Health Implications

- ❑ Disaster-Related Issues in Infectious Diseases
Susan E. Gorman, Pharm.D., DABAT
- ❑ Psychosocial Impact of Disasters
Greta Gourley, Pharm.D., Ph.D.

CURRICULAR TRACK 4 — PHARMACOEPIDEMIOLOGY

An overview of epidemiology and pharmacoepidemiology research methodologies and applications.

Monday, November 3

Pharmacoepidemiology: A Primer

- Epidemiology and Pharmacoepidemiology
Kevin W. Garey, Pharm.D.
- Considerations in Designing Cohort and Case Control Studies
Michael D. Murray, Pharm.D.

Tuesday, November 4

Using Pharmacoepidemiology to Investigate Drug Safety

- Using Large Health Insurance Claims Databases to Evaluate Drug Safety
John D. Seeger, Pharm.D., Dr.P.H.
- Using Pharmaceutical Company Adverse Event Databases for Pharmacovigilance
Leigh Vaughan, Pharm.D.

Wednesday, November 5

Using Epidemiologic Principles to Address Clinical Problems

- Cancer Epidemiology
David Brown, Ph.D.
- Using Epidemiology to Track Antimicrobial Usage Patterns
Robert Gaynes, M.D.

Click [here](#) for more information about the ACCP Annual Meeting!

CALL FOR ABSTRACTS: 2003 ACCP ANNUAL MEETING

All investigators in the field of clinical pharmacy and therapeutics, whether or not ACCP members, are invited to submit abstracts of papers to be considered for presentation at the ACCP Annual Meeting, November 2-5, 2003, in Atlanta, GA.

- Original Research
- Clinical Pharmacy Forum
- Student, Resident, Fellow Research in Progress
- Encore Presentations
- Student, Resident, Fellow Best Paper Competition

All papers accepted for poster presentation, with the exception of Student, Resident, Fellow Research in Progress, will automatically be entered in the Best Poster Award competition.

All abstracts must be postmarked no later than June 16, 2003.

Download abstract form at
<http://www.accp.com/abst2003am.pdf>.

Three Ways PSAP Can Help You

The *Pharmacotherapy Self-Assessment Program*, Fourth Edition (PSAP-IV), is a concise, comprehensive resource of recent drug therapy advances.

PSAP offers important benefits to you as:

- A comprehensive educational resource
- An efficient avenue to obtain continuing education and BCPS recertification credit
- An effective tool for staff development

Not only will each edition further your knowledge in therapeutics, this self-assessment tool will assist you in sharpening your clinical skills. Availability in both print and online versions allows ongoing access to a reference you can consult anytime.

Topics covered in the 11-book series include Cardiovascular; Systems of Care; Sites of Care; Respiratory; Endocrinology; Rheumatology; Infectious Diseases; the Science and Practice of Pharmacotherapy; Critical Care; Urgent Care; Neurology; Psychiatry; Gastroenterology; Nutrition; Pediatrics; Nephrology; Hematology; Oncology; Women's Health; and Men's Health. Each book provides between 18 and 34 hours of continuing education (CE) credit.

For specific information pertaining to release dates, CE credits, and ACPE program numbers for each book, visit www.psap.org, where you can quickly and conveniently place your order. Mention code R0603 when ordering PSAP-IV.

Next Leadership Experience September 22-25

The Leadership Experience is a four-day program that focuses on individual development within group situations. It will be held again September 22-25, 2003, in Kansas City, MO. During *The Leadership Experience*, attendees interact with one another in a business simulation and deal with managerial and organizational issues. LeaderPoint presents the course in cooperation with ACCP.

Many ACCP members have participated in *The Leadership Experience* and have offered plenty of positive comments. Among these members are Deena Bernholtz-Goldman, Barbara Insley Crouch, Maureen Garrity, Stuart Haines, Julie Larsen, William McIntyre, Todd Nesbit, Robert Talbert, and William Watson. To read about their experiences, please go to <http://www.accp.com/leadtest.pdf>.

The special ACCP fee for taking this course is \$2500, a large reduction from the usual course fee. Participants in the Leadership Experience may receive up to 30.0 contact hours of continuing education credit.

Complete information about the course is available online at www.leaderpoint.biz/accp.htm. For other questions, contact Peggy Kuehl, ACCP Director of Education and Member Services, at (816) 531-2177, pkuehl@accp.com, or Michael Laddin at LeaderPoint, (913) 384-3212, mladdin@leaderpoint.biz.

View *The Leadership Experience* daily schedule at <http://www.leaderpoint.biz/articlestopoast/SessionDetailACCP.pdf>

Quinney, Sims Win Best Abstract Awards at Spring Forum

Congratulations to the winners of ACCP's Best Abstract Award Competitions held at the recent Spring Practice and Research Forum in Palm Springs, CA!

Winning the Best Poster competition was Jason Sims for his paper "Cardiac restitution does not predict the effects of lidocaine on arrhythmogenesis." His co-authors were Jennifer Loeb, Nicholas Wiegert, Robert Twieg, and Daniel Zatarski from the University in Wisconsin.



Sara Quinney won the Best Student, Resident, Fellow Paper competition for "Determinants of CPT-11 and SN-38 cytotoxicity in colon carcinoma cell lines." Her co-authors at Purdue University and Indiana University were Daryl Murry, Sonal Sanghani, and William Bosron.



Each winner received a plaque and a \$250 honorarium to help offset travel expenses associated with attending the meeting. Honorable Mention citations were presented to David Foster (one in each competition!) and Shana Gunderson. Other abstract award finalists were Julie Fleming, Bradi Frei, Christopher Frei, Joanna Hudson, Michael Lim, and Jennifer Stephens.

Serving as judges were Joseph Barone, Edward Bednarczyk, CA Bond, John Bosso, William Figg, Thomas Foster, Daniel Hilleman, Anne Hume, Julie Johnson, Michael Klepser, Roger Lander, Michael Maddux, Julie Oki, Joseph Saseen, Sarah Spinler, Kathleen Stringer, Eva Vasquez, and Peter Vlasses.

The next abstract award competitions will be held at the 2003 Annual Meeting, scheduled for November 2-5 in Atlanta, GA. The abstract postmark deadline for this meeting is June 16, 2003. The Call for Abstracts can be found at <http://www.accp.com/abst2003am.pdf>.

Chapter Award Goes to Indiana

The 2003 ACCP Chapter Award goes to the Midwest this year, with the Indiana College of Clinical Pharmacy receiving the honor. This \$400 cash award is given each year to the chapter having the greatest growth in ACCP members during the previous year. The number of Indiana chapter members who are also ACCP members jumped from 52 in 2002 to 69 in 2003, an increase of 17 ACCP members!

The Canadian College of Clinical Pharmacy has the largest roster overall, with a total of 175 members. The New York State Chapter of the American College of Clinical Pharmacy boasts the most ACCP members among their membership in

2003 with 79. They are closely followed by the Gateway College with 78 ACCP members.

ACCP has 14 regional chapters, which provide excellent venues for clinical pharmacists to meet on a regular basis, share ideas, discuss advocacy initiatives and collaboration at the state level, provide continuing education, and simply get to know colleagues from other practice settings. Anyone interested in exploring how to form a new chapter should contact Melissa Morris, ACCP's Project Manager for Membership, at (816) 531-2177 or by e-mail at mmorris@accp.com.

Those interested in joining an existing chapter should contact the chapter president in their area. They are:

CANADIAN

Glen Pearson; (780) 407-1590;
glen.pearson@ualberta.ca

DALLAS/FT. WORTH

Sara Brouse; (214) 857-0747;
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George Jaresko; (323) 442-3143;
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New Members

Mirna Abbas
Maya Aboujaoude
Bassamat F. Abul Ethem
Zohdi M. Abushaban
Holly Ackerman
Fadi Afiouni
Yasmine Alaneddine
Julie B. Armstrong
Lucy Ashdjian
Hussam Atat
Amira Atrissi
Tania Bayoud
Nidale Bechara
Jill R. Bennett
Kara L. Birrer
Rachel Bongiorno
Jeffrey P. Bonner
Brent M. Booker
Nicole J. Brandt
Richard Breeden
Dennis G. Brierton
Gail Burniske
Simona O. Butler
Trista Cannava
Susan Carson
Marie Chahine
Chantal Chalouli
Hami Chami
Maria T. Chen
Sylvia Chen
Jeffrey D. Conzelmann
Donna M. Daigdigan
Dima Daorek
Julie E. Davis
Sandra P. Dean
Serge Der Torossian
Desiree Dunlop
Nadine El Haddad
Maya Abd El Rahman
Adham El Zeir
Nada Issam El-Halabi
Pascale El-Hayek
Sandra El-Hayek
Hassan El-Zein
Yolanda Espinoza-Flores
Imad Estaitiah
Zeina Estaitieh
Flora G. Estes

Elizabeth Ewing
Marielle Fares
Denise Fields
Michael Fong
Kimberly D. Freeman
Anita A. Garcia
Johnny Gebeily
Rouba Geihany
Jacob P. Gettig
Berbari Ghassan
Camille Ghorru
Lawrence P. Gonzales
Alan M. Gurewitz
Alya Hachem
Reham Haddad
Roula Haddad
Mohamed Hadi
Sylvia J. Harrison
Hilda Hatoum
Yovonne G. Hendley
Inas Hou Hou
Paula Ibrahim
Sheikh Ali Ihab
Rachid Jalloul
Lilyann Jeu
Kara D. Johnson
Jocelyn Jones
Chad Kawakami
Kristine Keplar
Shant Khanlian
Ossama Khozam
Katherine L. Koehn
Hrag Kojawhlanian
Roland Kossaifi
Mariam Kowatly
Rita Kradjian
Shih-Chen Kuo
Kang-Sha Lo
Charles McCluskey
Brian McIntyre
Farah M. Merhi
Robert A. Miller
Regine Mohomed
Marvin Moore
Nicole Moufarrege
Tala Moussa
Maya Mroue
Soha Nabil Sinno

Sarjita Naik
Karim Nakhle
Elsie Nassar
Jennifer H. Nikitscher
Stephen C. Nowmos
Angela W. Olmsted
Carol A. Ott
Mideok Park
Filpa Patel
Leena Patel
Allison M. Paynter
Nicole M. Petersen
Matthew Philippi
Vanessa F. Pringle
Mary J. Pubentz
Maya Reda
Jenna E. Reel
Nagi Richa-Ghosn
Charbel Romy
Laurajo Ryan
Faraj Saade
Sylvia Saade
Adeline Fouad Saliba
Joe Salloum
Sarah Samad
Raya Sarieedine
Summer K. Schilling
Christopher Seaman
Mishelle R. Seiler
Melissa Selby
Leyla H. Sharaf Jamaledine
Rebecca Shearon
Colin I. Sheffield
Rania Shoughary
Fatima Sibai
Mala Singh
Rania Slika
Audrey Suh
Nathalie Tauk
Eileen R. Tharp
Crystal A. Tom
Joanna Toubia
George Abou Touma
Sherine Traboulsi
Jasmine Tucker
Rachel Tyan
Dana R. Udovich
Jodi N. Viar
Ashley A. Vo
Lan Vu

Marcia Walker-Guy
Kelly S. Whitely
Colleen J. Wurden
Charles R. Yates
Sunni J. Yocom
Jamie Young
Ismail Zaidan

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

Ronda L. Akins
Ann Birner
Lora Bradley
Margueritte S. Centeno
Lisa M. DiGioia-Ross
Michael A. Kabalin
Thomas Kakuda
George Kreytak
Todd S. Krueger
Craig R. Lee
Thomas L. Lenz
Sarah J. Miller
Lisa J. Moherman
Jeff New
Shawn M. Saunders
Nancy L Sommers
Claude A. Taylor
Jane Tran Tesoro
Binh N. Tran
Jenny A. VanAmburgh
Deborah S. Wagner
Sompon Wanwimolruk

New Member Recruiters

*Special thanks to the
following individuals for
inviting their colleagues to
join them as ACCP members:*

Sandra Chase
Andrea Cooper
William Kernan
Sunny Linnebur
Amy Peak

**Associate Dean for Research and Graduate Programs
Auburn University
Harrison School of Pharmacy**

The Auburn University Harrison School of Pharmacy seeks applications and nominations for the newly created position of Associate Dean for Research and Graduate Programs. The School offers a unique multicultural professional environment ideal for optimum professional growth and development. It currently enrolls 400 Pharm.D. students, 30 graduate students, and has an active postgraduate residency program. Organizationally, the School has three academic departments: Pharmacal Sciences, Pharmacy Practice, and Pharmacy Care Systems. In addition, the School houses the Center for Pharmacy Operations and Design. Currently, the focus of research initiatives in the School include: preclinical and clinical drug deposition, drug delivery, neuropharmacology, substance abuse, medication errors, robotics, compliance, facilities design, pharmacoconomics, informatics, and reengineering pharmacy practice. There are 55 FTE faculty members with 14 assigned to Pharmacal Sciences, seven assigned to Pharmacy Care Systems, and 34 assigned to Pharmacy Practice. New construction and renovation of existing facilities has been approved by the University for a new education and clinic wing, drug manufacturing facility (GMP), and expanded research laboratories, with construction to begin in 2003. Strategic plans call for enhancement of the numbers of research scientists and graduate students. Auburn University is located approximately 100 miles from Atlanta, GA, 50 miles from Montgomery, AL, 40 miles from Columbus, GA, and 120 miles from Birmingham, AL, and is a Carnegie classified Doctoral/Research University-Extensive institution.

Applicants must possess a terminal degree in Pharmaceutical Sciences or a related field, good communication and interpersonal skills, and demonstrated experience in leadership and management to ensure success in meeting the School's Strategic Plan. The ideal candidate should have academic credentials sufficient to meet tenure eligibility requirements, an outstanding scientific background in the area of drug-related sciences, an established and ongoing record of obtaining extramural funds, and editorial board or study section experience. The ideal candidate should have the proven abilities to foster an interdisciplinary approach to research to assist the School in achieving the next level of biomedical research. Salary will be competitive and commensurate with education and experience. Candidates selected for this position must be able to meet eligibility requirements for work in the United States.

Nominations are invited. To assure full consideration, applications must include a curriculum vita, a letter addressing the candidate qualifications for the position, and a list of three individuals who can provide references. Review of applications will begin April 1, 2003, and continue until the position is filled. Applications and nominations should be submitted to:

**Harrison School of Pharmacy Search Committee
Associate Dean for Research
217 Walker Building
Auburn University, AL 36849-5501**

Applicants may contact Ms. Brinda Lisano, Assistant to the Dean, for further information at (334) 844-8348 or by e-mail at lisanbp@auburn.edu.

Women and ethnic minorities are encouraged to apply. Auburn University is an equal opportunity/affirmative action employer.

Pharmacy Practice Faculty Division

The School of Pharmacy invites applications for a full-time faculty position at the Assistant Professor (CHS) level or Assistant Professor (tenure-track) level. All practice and research interests will be considered; however, individuals with expertise in pediatrics, psychiatry, nephrology, primary care, neuroscience, or internal medicine are especially encouraged to apply. Applicants should have a Pharm.D., Ph.D., or a clinically oriented master's degree and be eligible for Wisconsin pharmacy licensure. Research and teaching experience are desirable.

Responsibilities will include teaching in the School's professional programs, maintaining a clinical practice that supports research and teaching, and participating in publishable scholarly activity. The individual's area of research must be consistent with the research mission of the Pharmacy Practice Division. Salary range is commensurate with experience.

Applications will be accepted for the position until July 15, 2003, or until the position is filled. Interested individuals should send a curriculum vitae, and the names of three references to:

**Mary Beth Elliott, Pharm.D., Ph.D.
Chair, Search Committee
School of Pharmacy
University of Wisconsin-Madison
777 Highland Avenue
Madison, WI 53705-2222
Phone: (608) 265-9765 • Fax: (608) 265-5421
E-mail: meelliott@pharmacy.wisc.edu**

The University of Wisconsin is an equal opportunity employer. Unless confidentiality is requested in writing, information regarding the applicants must be released upon request. Finalists cannot be guaranteed confidentiality.

**Chair, Department of Pharmacy
Virginia Commonwealth University
Medical College of Virginia Campus**

Nominations and applications are being accepted for the position of Chair of the Department of Pharmacy, Virginia Commonwealth University, and Medical College of Virginia Campus. This is a tenure-track position at the rank of full professor. The Department of Pharmacy includes a Division of Pharmacy Administration and has 39 pharmacy practice and pharmacy administration faculty. The School provides a research-intensive environment, which includes the Institute for Structural Biology and Drug Discovery, the Center for Drug Studies for clinical research, and a Biopharmaceutical Analysis Service. Located in historic downtown Richmond, the School of Pharmacy is part of a comprehensive academic health center and medical campus with many opportunities for interdisciplinary collaboration.

In addition to providing vision and leadership, a primary focus of the Chair will be to promote research and scholarship by example and mentorship of faculty. The Chair will further develop and foster the departmental M.S./Ph.D. graduate programs in pharmacotherapy and pharmacy administration. Additional responsibilities include enhancing and evaluating the teaching and service activities of the faculty, and management of the departmental budget.

Minimum qualifications include an earned doctorate and a professional degree in pharmacy. Candidates should be eligible for entering at the rank of full professor, with demonstrated accomplishments in teaching and research, and an understanding of contemporary pharmacy practice. Preferred qualifications include demonstrated research productivity and funding, excellent interpersonal and management skills, demonstrated ability to motivate and develop faculty and students, and ability to promote positive relations with other departments within the School and University.

Screening of applicants will continue until the position is filled. Nominations should be sent to the Chair of the Search Committee. Applicants should submit a letter of intent; the names, addresses including e-mail if available, and phone numbers of three references; and curriculum vitae (preferably electronic) to:

William H. Barr, Pharm.D., Ph.D.
Chair, Search Committee
Professor and Director of the Center for Drug Studies
School of Pharmacy, P. O. Box 980581
Virginia Commonwealth University
Richmond, VA 23298-0581
Phone: (804) 828-8334 • Cell: (804) 334-2334 • Fax: (804) 827-6902
E-mail: whbarr@aol.com
www.vcu.edu/pharmacy

Virginia Commonwealth University is an EEO/AA employer. Women, minorities and persons with disabilities are encouraged to apply.

ARE YOU MOVING? DID YOU FORGET SOMETHING?

This is the time of year when many ACCP members relocate to begin residencies or fellowship, or to start new jobs. So that we can continue to provide excellent service to you, please remember to send your change of address information to ACCP.

To do so, go to the ACCP Web site at <http://www.accp.com>, select "My ACCP," then "Contact Information." Or, complete the form below and return it to ACCP by mail or fax.

Name: _____

Current Address: _____

Current Telephone: _____ Fax: _____

Current E-Mail Address: _____

New Address: _____

New Telephone: _____ Fax: _____

New E-Mail Address: _____

Mail or fax to:
ACCP □ 3101 Broadway, Suite 650 □ Kansas City, MO 64111
Fax: (816) 531-4990