

Leadership and Management Academy Enrollment Form



Today's date: ____ / ____ / ____

Name _____ (last, _____ first, _____ middle _____ initial):

Address: _____

City: _____

State: _____ Zip code: _____

Work phone: _____ E-mail: _____

Are you an ACCP member? Yes No

Current position/title: _____

Primary practice or professional setting (e.g., academia, acute care, ambulatory care, industry, etc.): _____

Employer: _____

Pharmacy degree(s): _____ Year(s) of graduation: _____

Other _____ degrees _____ (B.S./B.A., _____ Master's, _____ Ph.D., _____ other):

Postgraduate Training ():

Residency (general/PGY1) Year completed: _____

Residency (specialized/PGY2) Year completed: _____

Fellowship, Program duration (yrs): _____ Year(s) completed: _____

Board Certification(s) (specify credential): _____

Have you attended previous leadership development programs? Yes No

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

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

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

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

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

Have you received any leadership awards? Yes No

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

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

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

I am enrolling in this certificate program because ():

- I desire to enhance my career as clinical practitioner
- I desire to enhance my precepting and/or mentoring abilities
- The program is required by my employer
- The program was suggested by my employer
- The program was recommended by a colleague
- Other (please specify reason: _____)

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

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

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

All other sessions previously attended are on record at ACCP.

Method of Payment

A one-time fee of \$399.95 for members or \$699.95 for nonmembers will be charged for enrollment in the certificate program.

Total Member enrollment fee: \$399.95

Total Nonmember enrollment fee: \$699.95

Check Enclosed (U.S. funds only), payable to the American College of Clinical Pharmacy

Charge to AMEX DISC MC VISA

Card Number _____

Exp Date ____ / ____ Security Code _____

Signature _____

Mail, fax, or e-mail application and enrollment fee to:

American College of Clinical Pharmacy
13000 W. 87th Street Parkway, Suite 100
Lenexa, Kansas 66215-4530
Fax: (913) 492-0088
E-mail: mmerrigan@accp.com