Membership Application

American College of Clinical Pharmacy



ACCP Membership Categories

O Associate Member-\$295

Pharmacists who have been practicing clinical pharmacy for less than three years since graduation from a college of pharmacy. Complete pages 1 and 2.

O Affiliate Member-\$295

Individuals from pharmacy disciplines other than clinical pharmacy or from other health science professions. Complete pages 1 and 2.

O Resident Member-\$90

Residents in a pharmacy residency program. Please provide residency program director's name and anticipated completion date in the space provided.

O Fellow/Graduate Student Member-\$90

Fellows in a fellowship program or full-time graduate students. **Please provide program director's name and anticipated completion date in the space provided.**

O Student Member-\$45

Students in a pharmacy degree program earning their first professional degree.

Please list college of pharmacy and anticipated year of graduation in the space provided.

Mail or fax application and payment to:

American College of Clinical Pharmacy Credentials Committee 13000 West 87th Street Parkway Lenexa, Kansas 66215-4530 Fax: (913) 492-0088

ACCP Member Profile

Name First Name/M.I	
Last Name	
Professional Designation	
Title/Position	
E-mail Address	
Preferred Mailing Address: Home/Business (please circ	cle one.)
Company/Institution_	
Address 1	
Address 2	
City/State or Province/Zip	
Country	
Preferred Phone Number: Home/Business (please circle	e one.)
Phone Number	
Method of Payment	
ACCP Membership Dues O Associate/Affiliate Member Dues–\$295	\$
O Resident/Fellow/Graduate Student Member Dues-\$90	\$
O Student Member Dues–\$45	\$
PRN Membership Dues	
O \$30 x # PRNs (see PRN list on page 2)	\$
Total Dues Payment Enclosed	<u>\$</u>
O Check Enclosed, U.S. Funds, payable to the American Co Clinical Pharmacy	llege of
O Charge to AMEX DISC MC	VISA
Card Number	
Exp. Date (mm/yy) Security Code	
Signature	

Demographic Information Date of Birth (mm/dd/yyyy) Education, Training, & BPS Certification		Practice & Research N	Practice & Research Networks (PRNs)		
		Enhance your membership through participation in any of the 28 ACCP PRNs. Select as many as you like for \$30 each.			
		O Adult Medicine O Ambulatory Care O Cardiology	O Health Equality O Health Outcomes O Hematology/Oncology		
Education Degree Pharm.D. Ph.D. M.S. Pharm B.S. Pharm Other (list)	Completion Date	 Central Nervous System Clinical Administration Community-Based Critical Care Drug Information Education & Training Emergency Medicine Endocrine & Metabolism Geriatrics GI/Liver/Nutrition Global Health *Pharmacokinetics/Pharmacodyna	 HIV Infectious Diseases Nephrology Pain & Palliative Care Pediatrics Perioperative Care Pharmaceutical Industry PK/PD/PG* Pulmonary Transplant Women's Health 		
Training Program	Completion Date	Contact Permission	Contact Permission We'd like to keep in touch with you about the latest news and offers from ACCP. Please let us know if you'd like us to		
PGY1					
PGY2		contact you by selecting one			
Fellowship		O YES, I'd like to hear abo	out ACCP offers and services.		
BPS Certifica	ations	O NO, I do not want to he	ear about ACCP offers and		
Certification	BPS#	services.			
BCACP BCCP BCCCP		contributions for U.S. feder However, they may be dedu business expenses except for lobbying activities. ACCP e	ACCP Professional Dues are not deductible as charitable contributions for U.S. federal income tax purposes. However, they may be deducted as ordinary and necessary business expenses except for the amount attributable to lobbying activities. ACCP estimates that 22% of annual dues		
BCGP		may be allocated to lobbyin	g.		
BCIDP					
BCNP					
BCNSP					
ВСОР					
BCPPS					
ВСРР					
BCPS					

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BCSCP