

# Membership Application

American College of Clinical Pharmacy



## ACCP Membership Categories

**Full Member—\$310**

Pharmacists who have been practicing clinical pharmacy for three or more years since graduation from a college of pharmacy. Complete pages 1 through 4 and return *with your curriculum vitae*.

**Associate Member—\$310**

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

**Affiliate Member—\$310**

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

**Resident Member—\$100**

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

\_\_\_\_\_

**Fellow/Graduate Student Member—\$100**

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

\_\_\_\_\_

**Student Member—\$50**

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.**

\_\_\_\_\_

**Change from Associate to Full Member—No Fee**

Complete pages 1 through 4 and return *with your curriculum vitae*.

**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 \_\_\_\_\_  
(e.g., Pharm.D., Ph.D. BCPS)

Title/Position \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Preferred Mailing Address: Home/Business (please circle one.)**

Company/Institution \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City/State or Province/Zip \_\_\_\_\_

Country \_\_\_\_\_

**Preferred Phone Number: Home/Business (please circle one.)**

Phone Number \_\_\_\_\_

## Method of Payment

**ACCP Membership Dues**

Full/Associate/Affiliate Member Dues—\$310 \$ \_\_\_\_\_

Resident/Fellow/Graduate Student Member Dues—\$100 \$ \_\_\_\_\_

Student Member Dues—\$50 \$ \_\_\_\_\_

**PRN Membership Dues**

\$30 x # \_\_\_\_\_ PRNs (see PRN list on page 2) \$ \_\_\_\_\_

**Total Dues Payment Enclosed** \$ \_\_\_\_\_

Check Enclosed, U.S. Funds, payable to the American College of Clinical Pharmacy

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

#### Education

Degree	Completion Date
Pharm.D.	_____
Ph.D.	_____
M.S. Pharm	_____
B.S. Pharm	_____
Other (list)	_____

#### Training

Program	Completion Date
PGY1	_____
PGY2	_____
Fellowship	_____

#### BPS Certifications

Certification	BPS #
BCACP	_____
BCCP	_____
BCCCP	_____
BCGP	_____
BCIDP	_____
BCNP	_____
BCNSP	_____
BCOP	_____
BCPPS	_____
BCPP	_____
BCPS	_____
BCSCP	_____

### 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.

- |   |   |
|---|---|
| <input type="radio"/> Adult Medicine          | <input type="radio"/> Health Equality         |
| <input type="radio"/> Ambulatory Care         | <input type="radio"/> Health Outcomes         |
| <input type="radio"/> Cardiology              | <input type="radio"/> Hematology/Oncology     |
| <input type="radio"/> Central Nervous System  | <input type="radio"/> HIV                     |
| <input type="radio"/> Clinical Administration | <input type="radio"/> Infectious Diseases     |
| <input type="radio"/> Community-Based         | <input type="radio"/> Nephrology              |
| <input type="radio"/> Critical Care           | <input type="radio"/> Pain & Palliative Care  |
| <input type="radio"/> Drug Information        | <input type="radio"/> Pediatrics              |
| <input type="radio"/> Education & Training    | <input type="radio"/> Perioperative Care      |
| <input type="radio"/> Emergency Medicine      | <input type="radio"/> Pharmaceutical Industry |
| <input type="radio"/> Endocrine & Metabolism  | <input type="radio"/> PK/PD/PG*               |
| <input type="radio"/> Geriatrics              | <input type="radio"/> Pulmonary               |
| <input type="radio"/> GI/Liver/Nutrition      | <input type="radio"/> Transplant              |
| <input type="radio"/> Global Health           | <input type="radio"/> Women's Health          |

*\*Pharmacokinetics/Pharmacodynamics/Pharmacogenomics*

### 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 contact you by selecting one of the options below.

**YES**, I'd like to hear about ACCP offers and services.

**NO**, I do not want to hear about ACCP offers and services.

**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 may be allocated to lobbying.

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# Application for Full Membership

## American College of Clinical Pharmacy



Membership in the American College of Clinical Pharmacy is based on past and present contributions to clinical pharmacy practice, research, education, and professional leadership. Full Membership is open to pharmacists who: 1) subscribe to the vision and mission of the College; and 2) fulfill at least one of the following criteria.

**All applicants for Full Member should enclose a copy of their curriculum vitae with their completed application.**

Please circle the criterion under which you are applying:

### **Practice:**

I hold current board certification(s) in a specialty practice of pharmacy recognized by the Board of Pharmacy Specialties. Please select which BPS certification(s) you hold from the list below and attach a copy of your certificate to this application.

- |  |  |
|--|--|
| <input type="radio"/> Ambulatory Care Pharmacy (BCACP)     | <input type="radio"/> Nutrition Support Pharmacy (BCNSP)               |
| <input type="radio"/> Cardiology Pharmacy (BCCP)           | <input type="radio"/> Oncology Pharmacy (BCOP)                         |
| <input type="radio"/> Critical Care Pharmacy (BCCCP)       | <input type="radio"/> Pediatric Pharmacy (BCPPS)                       |
| <input type="radio"/> Geriatric Pharmacy (BCGP)            | <input type="radio"/> Pharmacotherapy (BCPS)                           |
| <input type="radio"/> Infectious Diseases Pharmacy (BCIDP) | <input type="radio"/> Psychiatric Pharmacy (BCPP)                      |
| <input type="radio"/> Nuclear Pharmacy (BCNP)              | <input type="radio"/> Compounded Sterile Preparations Pharmacy (BCSCP) |

### **OR**

I have completed at least one year of formalized residency training plus three or more years of clinical pharmacy practice experience. Applicant's curriculum vitae should list residency site, year of completion, and post-residency clinical practice experiences (e.g., positions as Clinical Pharmacy Specialist, Clinical Pharmacist, Clinical Manager, Clinical Coordinator, Pharmacotherapist, etc.).

### **Education:**

I am employed as a full-time faculty member of a College of Pharmacy or other health science for three or more years post-training. Applicant's curriculum vitae should list full-time faculty appointment and years of employment.

### **Scholarship/Research:**

I have published at least four peer-reviewed research papers, journal articles, books, or book chapters. Applicant's curriculum vitae should clearly indicate the full citation for at least four peer-reviewed research papers, journal articles, books, or book chapters. Do not include letters to the editor, abstracts, or other brief publications.

### **Industry:**

I have practiced in the pharmaceutical industry for three or more years post-training in the areas of clinical research, medical affairs, regulatory affairs, medical information, product safety, or surveillance. Applicant's curriculum vitae should show evidence of these activities.

***If you circled at least one criterion above, it is not necessary to complete page four. Return the completed application and your curriculum vitae to the address at the left. If you have not circled one of the above criteria, please circle the criterion below and complete page four of the application.***

### **Practice/Education/Research/Leadership:**

Please complete page four of this application.

**Scoring Criteria**

*Applicants for Full Member must complete this page only if the criteria listed on page 3 do not apply.*

All applicants using the criteria on this page must have been practicing clinical pharmacy for three or more years since graduation from a college of pharmacy.

The requirements for Full Member may be met in any one or a combination of four areas—Practice, Education, Research, and Leadership. All areas are given equal weight during review by the Credentials Committee.

Scoring criteria used by the Credentials Committee are summarized in the table below. The Committee recommends an applicant for Full Member when the score in any one area is 15 or more, or the total of the scores from all areas is 30 or more.

Contributions to practice will be based on your response to the questions listed and evidence of such in your curriculum vitae. Activities performed during your residency or fellowship may be included.

The Committee will objectively evaluate contributions to education, research, and professional leadership based on a thorough review of your curriculum vitae.

**Maximum Points Possible**

<b>Practice:</b>	
Each Activity Checked	2
Subtotal	20
<b>Education:</b>	
Didactic/Clinical/Distance Teaching of Students/Residents/Fellows/Scientists	8
CE Presentations	4
Publications	5
Editor/Referee	3
Subtotal	20
<b>Research:</b>	
Protocol Design/Implementation	6
Research Reports	14
Subtotal	20
<b>Leadership:</b>	
Honors/Awards	5
Establish New Programs or Services	5
Organization Membership	3
External Consultant	2
Committees	5
<b>Subtotal</b>	<b>20</b>

**PRACTICE:** Check each of the activities you *routinely perform now, or did in the past*, as part of your usual duties. Please be certain your CV provides evidence of this practice. Where possible, identify these activities by writing the corresponding number (below) directly on your CV next to the appropriate entries.

- 1. Directly manage the drug therapy of patients in collaboration with other health care professionals.
- 2. Provide pharmacotherapy management as part of a multidisciplinary patient care team.
- 3. Use patient care assessment skills routinely, including physical assessment, to formulate drug therapy recommendations.
- 4. Design therapeutic plans for identified patient-specific problems or populations or patients.
- 5. Recommend therapeutic plans for identified patient-specific problems or populations of patients.
- 6. Implement pharmacotherapy or drug policy plans.
- 7. Monitor and modify therapeutic or drug policy plans.
- 8. Evaluate biomedical literature with regard to study design and methodology, statistical analysis, and significance of reported data and conclusions.
- 9. Document and report new, unusual, or severe pharmacotherapeutic events.
- 10. Teach and provide pharmacotherapeutic knowledge to patients, students, practitioners, health care team members, or health care managers about safe, effective, and economic use of therapeutic agents.
- 11. Prepare and disseminate written drug information (e.g., drug monographs, consultations, newsletters).
- 12. Provide expertise to or serve on patient care of research-related committees (e.g., Pharmacy & Therapeutics/Formulary, Institutional Review Board, Critical Pathway, Quality Improvement, Medication Use Evaluation, Infection Control, others).
- 13. Other: Any additional training received or service information that is not in your CV may be included as an addendum to this application. Please describe how this training or service has been incorporated into your practice.

**EDUCATION:** If you are now or have in the past been responsible for didactic or clerkship education, please circle “yes” or “no” below (as appropriate) for each category of students.

Education Type	Pharmacy Students		Medical Students		Other Health Profession Students	
Didactic Lectures	Yes	No	Yes	No	Yes	No
Clerkship Preceptor	Yes	No	Yes	No	Yes	No
Distance Learning	Yes	No	Yes	No	Yes	No

Check if you have now or in the past precepted:

- pharmacy residents
- pharmacy fellows
- visiting scientists/graduate students
- medical residents

Your curriculum vitae should provide a list of all noteworthy educational presentations (inservices at local, regional, state, national, and international meetings). **Any additional educational or inservice presentations may be provided as an addendum to this application.**

**RESEARCH AND SCHOLARLY ACTIVITY:** Your curriculum vitae should list all activities related to research grants (e.g., Principal Investigator, Co Investigator, Monitor); funding; publications (refereed and non refereed, e.g., journal articles; book chapters; case reports; letters to the editor; abstracts; book reviews; books; newsletters; formulary reviews; and unpublished research reports for INDs, NDAs, SNDAs, FDA submissions, etc. If this information is not in your curriculum vitae, please provide it as an addendum to this application.

**LEADERSHIP—PROFESSIONAL SERVICE:** Your curriculum vitae should provide details about your membership in various local, state, national, and international organizations; honors and awards; service as a consultant; reviewer for grants and manuscripts; editorial activities; service on committees at local, state, national, and international level; and leadership in developing innovative pharmacy programs. If this information is not in your curriculum vitae, please provide it as an addendum to this application.

**LEADERSHIP—ADMINISTRATION:** Your curriculum vitae should indicate your role as chair/head of a department, division, or committee; service as a member of professional, work, and community committees; director of a program or laboratory; and other administrative activities, including activities as a clinical coordinator. If this information is not in your curriculum vitae, please provide it as an addendum to this application.

**ADDITIONAL INFORMATION/ADDENDA:** Attach additional pages to describe any aspects of your practice that are not addressed in this application.

*All applicants for Full Member must enclose a current curriculum vitae with the completed application. Mail or fax application, CV, and payment to:*

**ACCP Credentials: Membership Committee**  
 13000 W. 87th St. Parkway Lenexa, KS 66215-4530  
 Fax: (913) 492-0088