

Membership Application

American College of Clinical Pharmacy



ACCP Membership Categories

Resident Member—\$80

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—\$80

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

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

Resident/Fellow/Graduate Student Member Dues—\$80 \$ _____

PRN Membership Dues

ONE FREE PRN NO CHARGE

\$25 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 _____

Mail or fax application and payment to:

American College of Clinical Pharmacy
Credentials Committee
13000 West 87th Street Parkway
Lenexa, Kansas 66215-4530
Phone: (913) 492-3311
Fax: (913) 492-0088

Demographic Information

Gender

Male Female

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

BPS ID **IND-**_____

Certification **Credential #**

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 26 ACCP PRNs. Select as many as you like for \$25 each.

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