

# Membership Application

American College of Clinical Pharmacy



## ACCP Membership Categories

**Resident Member—\$90**

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—\$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.**

\_\_\_\_\_

## 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—\$90 \$ \_\_\_\_\_

**PRN Membership Dues**

**1 FREE PRN NO CHARGE**

\$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 \_\_\_\_\_

**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

## 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

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.

**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.