

Membership Application

American College of Clinical Pharmacy



ACCP Membership Categories

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.

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

Student Member Dues—\$45 \$ _____

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.

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