## Resident/Fellow Promotional Membership Application

### American College of Clinical Pharmacy

#### **ACCP** Membership Categories

#### O Resident Member–\$40

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-\$40** Fellows in a fellowship program or full-time graduate students. **Please provide program director's name and anticipated completion date in the space provided.** 

Offer only valid for first-time ACCP resident or fellow members (this includes previous student members of ACCP renewing as either a resident or fellow member).

Applications must be received by December 31, 2019, to receive the discounted membership rate. Applications must include preceptor/program director's name and anticipated date of residency/fellowship completion.

#### **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

# American College of Clinical Pharmacy

ACCP Member Profile	
<b>Name</b> 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 (p	lease circle one.)
Company/Institution	
Address 1	
Address 2	
City/State or Province/Zip	
Country	
Preferred Phone Number: Home/Business (pl	ease circle one.)
Phone Number	
Method of Payment	
ACCP Membership Dues O Resident Member Dues-\$40	<u>\$</u>
O Fellow/Graduate Student Member Dues-\$40	\$
PRN Membership Dues ONE FREE PRN	NO CHARGE
<b>O</b> \$20 x # PRNs (see PRN list on page 2)	\$
Total Dues Payment Enclosed	\$
<b>O</b> Check Enclosed, U.S. Funds, payable to the An Clinical Pharmacy	nerican College of
<b>O</b> Charge to AMEX DISC	MC VISA
Card Number	
Exp. Date (mm/yy) Security C	Code
Signature	

Demograph	ic Information	Practice & Research Networks (PRNs)	
Gender		Enhance your membership through participation in any of the	
Male Femal	e	<ul><li>26 ACCP PRNs. Select as many as you like for \$25 each.</li><li>O Adult Medicine</li><li>O Health Outcomes</li></ul>	
Date of Birth (mm/dd/yyyy)		O Ambulatory Care     O Hematology/Ocology       O Cardiology     O HIV       O Central Nervous System     O Infectious Diseases	
Education,	Fraining, & BPS Certification	O Critical Care O Nephrology	
<u>Education</u> Degree	Completion Date	<ul> <li>C Education &amp; Training</li> <li>C Emergency Medicine</li> <li>C Endocrine &amp; Metabolism</li> <li>C Geriatrics</li> <li>C Perioperative Care</li> <li>C Pharmaceutical Industry</li> <li>C PK/PD/PG*</li> </ul>	
Pharm.D.		O GI/Liver/Nutrition     O Pulmonary       O Global Health     O Women's Health	
Ph.D.		*Pharmacokinetics/Pharmacodynamics/Pharmacogenomics	
M.S. Pharm			
B.S. Pharm		Contact Permission	
Other (list)			
<u>Training</u> Program	Completion Date	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.	
PGY1		<b>O YES,</b> I'd like to hear about ACCP offers and services.	
PGY2		<b>O NO</b> , I do not want to hear about ACCP offers and	
Fellowship		services.	
<b>BPS</b> Certific	ations	<b>ACCP Professional Dues</b> are not deductible as charitable	
BPS ID	IND	contributions for U.S. federal income tax purposes. However, they may be deducted as ordinary and necessary	
Certification	Credential #	business expenses except for the amount attributable to lobbying activities. ACCP estimates that 22% of annual dues may be allocated to lobbying.	
BCACP			
BCCP			
BCCCP			
BCGP			
BCIDP			
BCNP			
BCNSP			
BCOP			
BCPPS			
BCPP			
BCPS			
BCSCP			