Get More from Your Meeting—Check Out the Presymposia Offered in Charlotte

This spring, select from four different presymposia offered the day before the start of the Spring Practice and Research Forum. All of these presymposia are part of the ACCP Academy curricula; however, you do not have to be enrolled in the Academy to participate. Visit www.accp.com/academy for more information.

Interested in teaching and learning? Check out “Planning for Effective Teaching,” offered Friday morning from 8:00 a.m. to 12:15 p.m. This half-day course serves as module one in the ACCP Academy Teaching and Learning Certificate Program (note: there is a prerequisite to this course if you are an Academy participant—see www.accp.com/academy for details). Faculty will present strategies for planning a course or clinical experience, including developing learning outcomes and creating learning environments conducive to achieving such outcomes. The faculty for this course are Brenda L. Gleason, Pharm.D.; Sheldon G. Holstad, Pharm.D.; Daniel S. Longyhore, Pharm.D., BCPS; and Thomas D. Zlatic, Ph.D.

New clinical practitioners are encouraged to participate in the “Clinical Practice Primer” from 8:00 a.m. to 5:00 p.m. This full-day course serves as the prerequisite module for ACCP’s newest Academy certificate program—Clinical Practice Advancement. This course is designed to provide guidance in developing a strategic plan for your career, establishing specific professional and interprofessional roles, and demonstrating the value of your clinical activities. Faculty will also discuss how you can facilitate your professional growth and career advancement. Krystal K. Haase, Pharm.D., FCCP, BCPS; Ila M. Harris, Pharm.D., FCCP, BCPS; Eric J. MacLaughlin, Pharm.D., FCCP, BCPS; Rachana J. Patel, Pharm.D., BCPS; and Joseph J. Saseen, Pharm.D., FCCP, BCPS, will teach this course.

The “Research Primer,” another full-day course running from 8:00 a.m. to 5:15 p.m., provides participants with an introduction to fundamental research concepts. How to develop a research question, how to assemble a research team, and tips for effective writing will be explored in this comprehensive overview of the basics of clinical research. Faculty presenting this course are Kathleen M. Bungay-Massaro, Pharm.D., M.S., FCCP; Anne L. Hume, Pharm.D., FCCP, BCPS; Richard T. Scheife, Pharm.D., FCCP; and Gary C. Yee, Pharm.D., FCCP, BCOP.

If you are currently in a leadership or management role, or hope to move toward such a position, the “Leadership Primer” is a great place to start. This full-day course, offered from 8:00 a.m. to 4:30 p.m., provides participants a foundation for understanding organizational behavior theory and the fundamental philosophical concepts of leadership. Course discussion topics include motivating people at work, paradigms and principles of power, and contemporary models of leadership. Robert S. Beardsley, R.Ph., Ph.D.; Peter Hurd, Ph.D.; and Robert E. Smith, Pharm.D., teach the primer.

For more detailed information about these presymposia and the entire meeting schedule, go to www.accp.com/sf. Be sure to register before the early-bird deadline, March 12, 2010. For more information on the Academy certificate programs, including curricular schedules and program requirements, visit www.accp.com/academy.

Attention Students, Residents, and Fellows: Apply Online Now for a 2010 Spring Forum Travel Award

Have you thought about attending an ACCP meeting, but you have limited financial resources available to cover your travel and registration costs? ACCP and its members want to help! ACCP Student Travel Awards and Resident/Fellow Travel Awards enable students and postgraduate trainees to attend ACCP meetings by awarding travel stipends and/or complimentary meeting registrations. Apply online now for an award to attend the Spring Practice and Research Forum in Charlotte, North Carolina, April 23–27, 2010.
How to Apply

Students: Student members of ACCP who are full-time pharmacy students pursuing their first professional pharmacy degree are invited to apply for the awards. Applicants are asked to submit a completed application, which includes a curriculum vitae or resume, two letters of reference, and an essay of no more than 500 words detailing the applicant’s objectives for attending an ACCP meeting. All application materials should be submitted online at http://www.accp.com/stuNet/award.aspx. The application deadline is Friday, March 5, 2010.

Residents/Fellows: To qualify, applicants must be current resident or fellow members of ACCP and enrolled in a residency or fellowship program at the time of the meeting. Applicants must submit a curriculum vitae, an essay of no more than 250 words detailing the applicant’s objectives for attending an ACCP meeting, and a personal reference from the residency or fellowship program director or his or her designee. All materials should be submitted online at http://www.accp.com/membership/resFelAward.aspx. The application deadline is Monday, February 22, 2010.

For more information on the travel awards, contact Jon Poynter at jpoyneter@accp.com or (913) 492-3311, ext. 21.

Filling Open Positions Without Breaking the Bank

Recruiting candidates for an open clinical practice or trainee position can be time-consuming and costly, but it does not have to be. ACCP offers a variety of advertising options designed to reach the high-quality clinical pharmacy specialists you need without paying a high price. The ACCP Career Center, available online at www.accp.com/careers, provides detailed information on these options, which include online position listings, ACCP Report listings, and Pharmacotherapy listings.

Whether you are seeking a seasoned professional or looking to fill open residency and fellowship positions, the ACCP online position listings can be tailored to fit your needs. Listing a position online is only $175 for members, and if you’re listing a residency or fellowship, the cost is only $75! Imagine filling an unmatched residency position for under $100—it’s that simple. Having your listing online means you are not only reaching ACCP’s almost 12,000 members, but also reaching any pharmacist visiting the ACCP Web site for jobs. The job listings are the second-most visited page on our Web site. To gain even more visibility, you can feature your position on the listings home page, as well as at the top of any job search conducted. To quickly reach a targeted audience, select from a variety of practice and research groups or student members to whom you can e-mail your listing directly. All of this can be done online in minutes—it’s convenient and affordable.

ACCP Report listings are another economical option for recruiters. The monthly e-newsletter is delivered directly to ACCP’s membership of clinical pharmacists and is a great venue for promoting your available positions in academia, the pharmaceutical industry, or clinical practice. ACCP’s monthly journal, Pharmacotherapy, also offers opportunities to promote your open positions. The journal is distributed to thousands of pharmacy professionals both in the United States and abroad, giving you an even greater reach.

For more information on these and other recruitment opportunities available through ACCP, including the annual ACCP Residency and Fellowship Forum, visit us online at www.accp.com/careers.

Newly Released ACCP Papers

Three new papers have been recently posted to the ACCP Web site.

- A pre-publication draft of a white paper developed by the 2009 Task Force on Residencies is available at http://www.accp.com/docs/positions/whitePapers/ValuePhcyResFinalDraft.pdf. Titled “Value of Conducting Pharmacy Residency Training—The Organizational Perspective,” the paper addresses the many benefits of residency training, the sources of funding for residency programs, and the roles that residents can play in enhancing the delivery of patient care. Organized as a primer on residency training, the paper includes a sample residency business plan, examples of program budgets, and a “Frequently Asked Questions” section on Medicare pass-through funding.

- The 2009 Educational Affairs Committee commentary titled “Recommended Basic Science Foundation Necessary to Prepare Pharmacists to Manage Personalized Pharmacotherapy.” Available as a pre-publication draft at http://www.accp.com/docs/positions/commentaries/BasicSciFndtnPersnlzdTher.pdf, the commentary focuses on the four key areas deemed essential to the professional pharmacy curriculum.

- The 2009 Paul F. Parker Medalist acceptance address, “Clinical Pharmacy: Humble Beginnings, Extraordinary Progress, and Unprecedented Opportunities,” delivered by Dr. Milap Nahata at the 2009 ACCP Annual Meeting. Available at http://www.accp.com/docs/positions/misc/Nahata09PaulParkerMedal.pdf. In addition, the following ACCP papers were recently published in Pharmacotherapy:


Call for Applications for Appointment to the 2010–2011 National StuNet Advisory Committee

Are you interested in learning more about clinical pharmacy? The American College of Clinical Pharmacy encourages students who want to enhance their leadership skills, network with students across the country, and interact with clinical pharmacy leaders to apply for appointment to the 2010–2011 National StuNet Advisory Committee. The National StuNet Advisory Committee is a standing committee composed of student members appointed each year by the ACCP President-Elect. Members generally serve a 1-year term, and the committee is typically composed of 8–12 members. Leadership positions include:

- Chair (1-year term);
- Vice-Chair (2-year term; serves first year as Vice-Chair and then assumes the Chair position during the second year); and
- Secretary (1-year term).

The committee serves in an advisory capacity to the ACCP Board of Regents and staff, providing feedback and assistance in developing new programs and services for student members consistent with the College's vision of clinical pharmacy practice, research, and education. The committee meets in person at the College's Annual Meeting in October and communicates by conference call and e-mail to complete its assigned charges. Students appointed to the Advisory Committee will receive a complimentary student meeting registration to attend the ACCP Annual Meeting held during their committee term. For additional information on the application process or to enter your application please visit http://www.accp.com/stunet/advisorycommittee.aspx.

2010 FIT Program Applications Now Open

The Research Institute is proud to announce the 2010 FIT Program faculty mentor team, which includes Barry Carter, Gene Morse, Susan Fagan, Reggie Frye, John Cleary, Lynda Welage, Mary Gerkovich, Julie Wright Banderas, Gary Yee, Vicki Ellingrod, Duane Sherrill, and Greg Stoddard. “This group of outstanding, highly funded faculty brings extensive and diverse research and grantsmanship experience,” states Jacque Marinac, Director of the Research Institute. “Our mentors are our strength.”

The FIT Program is an annual, intensive, 1-week, hands-on program for up to 25 experienced pharmacist-investigators who have not yet been awarded significant peer-reviewed extramural funding as principal investigators. Through this mentored program, the pharmacist-investigator will take necessary steps toward preparing a K, R01, or similar investigator-initiated application for submission to the NIH or other major funding source.

The 2010 FIT Program will take place June 12–17, 2010, at the University of Arizona, College of Pharmacy in Tucson. The 2010 FIT application and brochure may be downloaded from http://www.accpri.org/fit/. Applications will close April 1, 2010.

Washington Report

John McGlew
Associate Director of Government Affairs

Health Care

Reform Overview

When the Senate finally adjourned for the Christmas recess, the passage of controversial health care reform legislation looked increasingly likely.

Back in November 2009, the House of Representatives passed its own reform legislation, but the Senate continued to struggle with lightning-rod issues such as abortion, the “public option” question, and proposed funding mechanisms.

However, on Christmas Eve, by a 60-39 party-line vote, the Senate approved the $1 trillion health care overhaul, and Congress appeared on course to meet the Obama administration’s informal deadline to pass legislation in time for the first State of the Union address.

Every member of the Democratic Senate caucus backed the legislation, and every Republican opposed it. Republican Senator Jim Bunning (Ky.), a staunch opponent of the bill, was the only senator to miss the vote.

Even though acknowledging this partisan divide and the considerable procedural hurdles that remained – both chambers still had to pass identical legislation for the president to sign into law – health care proponents on Capitol Hill were confident that a compromise could be reached.

That both the House and Senate, separately, were able to pass health care reform legislation was indicative of the momentum behind the effort, despite partisan sniping and growing unease among the electorate around its cost and the potential role of the federal government in health care.

But that was before the special Senate election in Massachusetts.

The Massachusetts Effect

That the single greatest obstacle to meaningful health care reform in the United States arose from the legacy of Ted Kennedy, the senior Senator from Massachusetts, is ironic. Despite Kennedy’s 40-year fight for this very cause, his death in August 2009 proved pivotal in a manner few would have predicted.

Massachusetts, widely considered the “bluest of blue” Democratic states, had even implemented its own state-level health care reform that many saw as the precursor to the national effort. Yet on January 20, 2010, voters in the Massachusetts elected Republican State Senator Scott Brown over Democratic Attorney General Martha Coakley.

Of course, this outcome can be attributed to the electorate’s concerns about the economy and unemployment, as well as a badly run Democratic campaign; however, there is no denying the impact of the health care issue on this race and the effect this outcome had on the health care reform process in Washington.

The Democrats not only lost their filibuster-proof supermajority of 60 votes, but also, many members of their party, especially those up for reelection in 2010, found themselves questioning the public appetite for health care reform and its impact on their own chances for reelection.
Suddenly, Democrats were struggling to regroup and calling for a “breather” to allow the dust to settle and Congress to focus on a jobs package. Senator Mary Landrieu (D-La.) described health care reform as being on “life support,” whereas Senate Majority Whip Dick Durbin (D-Ill.) said: “We are thinking about it and how to move on it. Jobs are our current high priority, and that’s what we’re going to work on for now.”

**Where Did the Democrats Go Wrong?**

No single issue or event — whether it is abortion, the public option, or the effect of the Senate election in Massachusetts — can fully explain this dramatic turnaround for the Democrats.

**Barack Obama’s Campaign Promise**

Back when he was Candidate Obama, the future president told the nation [Obama, Aug. 15]: “If you like your health care plan, you keep your health care plan. Nobody is going to force you to leave your health care plan. If you like your doctor, you keep seeing your doctor. I don’t want government bureaucrats meddling in your health care. But the point is, I don’t want insurance company bureaucrats meddling in your health care either.”

The intention of this campaign promise was to help broaden Obama’s centrist appeal and avoid the mistakes made in the early 1990s Hillary-care effort. However, in practice, it would be very difficult, if not impossible, to deliver a comprehensive overhaul to the financing and delivery of the entire U.S. health care system without meaningfully changing current coverage structures.

This predicament strained the president’s relations with his congressional Democrats pushing for a public option and agitated his opponents, who cried foul over Medicare cuts. Focus shifted to the debate over the public option rather than broader questions regarding coverage, access, and cost. Proponents argued that health care reform was meaningless without a public option. Opponents said it was tantamount to socialized medicine. Whichever side of the fence you stood on, the debate was vicious and charged, doing little to rally the nation around the far-reaching health care reform process.

**Smoke-Filled Rooms and Secret Deals**

The days of deals actually being made in smoke-filled rooms might be a thing of the past after House Speaker Pelosi banned smoking in the Speaker’s Lobby, but the lack of transparency around the handling of health care reform made many Americans very uneasy about the process as a whole.

A widely known deal struck between major insurance companies, the pharmaceutical industry, and the White House would provide substantial revenues to help pay for companies, the pharmaceutical industry, and the White House such as dropping efforts to directly negotiate Medicare drug prices with manufacturers or legalize the reimportation of drugs. This perceived cozy relationship between the White House and the Washington lobbyists against whom those in the White House had campaigned did not sit well with the American public.

Then, Nebraska Senator Ben Nelson (D) struck a deal that would have secured his support for the bill in exchange for a carve-out that would bring $100 million annually in Medicaid assistance for Nebraska, while other states would be required to self-fund the Medicaid expansion. This questionable arrangement prompted outrage from state governors and was seen as epitomizing a murky deal-making process.

It can be argued that any effort to reform a sector that constitutes 15% of the GDP will inevitably involve this sort of quid pro pro negotiation. Nevertheless, a perception of “business-as-usual” politics, in which well-funded special interests are protected, reflected poorly on the president, especially in light of his unfulfilled campaign promise to broadcast all negotiations to the public on C-SPAN.

Whatever truth lies beneath allegations of secret deal-making and backroom politics, the enduring image of these hushed negotiations contributed to diminished public support for the effort.

**Media Overload**

The public may have lacked facts and details about the proposed package, but there was no shortage of speculation and rhetoric. From congressional leaders holding slick press conferences to talk-radio hosts and bloggers arguing their position, a sense of hysteria began to surround the process.

The health care reform debate became synonymous with angry town hall meetings, “tea bag” protests, and fears over “death panels.” With an issue as personal, emotional, and charged as health care, it is hardly surprising that Americans became confused and disillusioned by the accusations hurled by both sides.

**Outlook for Health Care Reform**

The Democrats’ inability to build bipartisan support around their legislation in the Senate came back to haunt them with the loss of the 60-vote supermajority. Momentum around the issue has evaporated as policy-makers shift their focus to jobs and the economy in the run-up to the November congressional elections.

Yet even though the administration and congressional leaders have toned down their rhetoric, all remain firmly committed to seeing through the passage of health care reform legislation.

**The White House**

President Obama reiterated his desire for Congress to create a bill — in his State of the Union address, he called on Congress to finish the job. “Don’t walk away from reform. Not now. Not when we are so close. Let us find a way to come together and finish the job for the American people. Let’s get it done. Let’s get it done.”


The president also acknowledged the many problems he had encountered throughout this process and invited Republican leaders to a health care reform summit at the White House. Republican calls to scrap the entire bill and begin work all over again – a move that Democrats are reluctant to make given their investment in this process – once again underscores the extent of the ideological divide between Republicans and Democrats on this issue.

Congress
In the House of Representatives, Speaker Nancy Pelosi could not have been more emphatic about her determination to pass health care reform: “We need to get this done. Process, I don’t care about. But we need to get this done, one way or another.”

The process she was referring to, known as “budget reconciliation,” would allow the House to pass an amended version of the Senate bill, meaning the Senate would not need to begin this process from scratch, but only without their 60-vote majority. Under budget reconciliation rules, a simple 51-vote majority is required, rather than the 60 votes needed to break a filibuster.

This approach is risky. Forcing this package through using strong-arm procedural tactics could turn public opinion against the effort altogether – an important factor for House and Senate Democrats up for reelection in November. In addition, it would require the Senate to agree to some of the more controversial House provisions that the upper chamber earlier rejected. Pelosi has also discussed passing certain provisions as separate, stand-alone bills while still pushing forward with more comprehensive reform.

Pelosi’s dilemma is this: Although 81% of Americans are fairly or very satisfied with their health care, 87% want some type of health reform. Do the Democrats push for reform and risk alienating the 81% who are happy with their coverage, or do they step back and appear weak and directionless in the eyes of the 87% who want some type of reform?

On the Senate side, Majority Leader Harry Reid and Finance Committee Chairman Max Baucus both indicated their willingness to take a break from the issue to concentrate on the economy. Reid commented, “This is not a one-year Congress, this is a two-year Congress and we have had a number of extensive meetings of trying to come up with a path forward, we are going to move forward on health care. We’re going to do health care reform this year.”

With Reid considered vulnerable in his bid for reelection in Nevada this year, he has strong motivation to use the coming months to deliver on some of the promises made by his party since they retook control of Congress in 2006.

Legislative Options for ACCP
Should the effort to pass the legislation as it currently stands prove unsuccessful, ACCP and our pharmacy stakeholder colleagues in Washington, D.C., are considering alternative strategies for moving forward independently with the clinical pharmacy provisions in the health care reform bill.

We are exploring the possibility of introducing stand-alone legislation or having our provisions folded into one of a series of “mini-bills,” and we have held preliminary discussions with members of the Appropriations Committee focused on the process of authorizing and funding medication therapy management (MTM) grant programs directly.

The inclusion of these important pharmacy provisions in the reform package represented an important step forward in our advocacy efforts; however, the potential collapse of the overall health reform process need not represent a correspondingly importunate setback.

Securing these provisions acknowledges MTM as a vital component of any health care reform initiative and recognizes pharmacists as the experts to deliver these services. This is the result of an ongoing, profession-wide effort to educate lawmakers and advocate for expanded access to pharmacists’ services, and it provides a platform from which we can continue to move the issue forward.

How You Can Get Involved
ACCP’s Legislative Action Center (http://capwiz.com/accp) contains a wealth of information about your elected officials and allows you to communicate with your members of Congress.

For your convenience, we have prepared letters you can send directly to Congress, urging passage of legislation (with the clinical pharmacy provisions intact) or inviting your elected officials to learn more about the practice of clinical pharmacy.

Remember, to maximize your impact, you are encouraged to edit and personalize the letter, providing background on your practice and professional experience.

In addition, you are strongly encouraged to make the following requests in your letter:
Ask for a list of the dates that your members of Congress will be available for meetings in their district or state.
Ask about any town hall meetings your members of Congress have scheduled, particularly those focused on health issues.
Request an in-person meeting with your members of Congress and/or staff while they are home for the recess.
Invite your members of Congress and/or staff to tour your clinical pharmacy practice site. (Click here [http://www.accp.com/docs/govt/advocacy/ga_host.pdf] for more information on hosting your members of Congress.)

If you are planning to contact your member of Congress, let ACCP help you. Contact John McGlew at (202) 621-1820 or jmcglew@accp.com to discuss how to conduct a successful meeting with a lawmaker and how to maximize your political impact with that lawmaker.

Thanks to 2009 Frontiers Fund Contributors!

In 2009, the ACCP Research Institute provided funding for the ACCP Practice-Based Research Network (PBRN) and the Focused Investigator Training (FIT) Program. These programs were made possible in large part by contributions of the more than 430 ACCP members and organizations, as well as several PRNs, who donated in 2009. More information about the Frontiers Fund, including a complete list of donors since 1998, can be found at www.accpri.org.

Sincere appreciation is extended to the following individuals and organizations for their contributions to the Frontiers Fund in 2009.

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Congratulations to ACCP Members on Achieving Board Certification

We offer our sincerest congratulations to the ACCP members listed below who passed specialty certification or examinations offered by the Board of Pharmaceutical Specialties (BPS) in October 2009. Of the 1538 people certified in Pharmacotherapy, Oncology, Psychiatric Pharmacy, Nutrition Support Pharmacy, or Nuclear Pharmacy, 725 are members of ACCP.

Pharmacotherapy
Ahmad Abdrabboh
Rayf Aboezz
Nicole Acquisto
Hellen Adcock
Ayne Adenew
Anita Airee
Nelson Akwo
Eman Al Obary
Yousif Alakeel
Sara Al-Dahir
Bryan Alexander
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Cody Allison
Rachael Allwine
Fouad Al-Najjar
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Andrea Alwes
Sarah Anderson
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Jill Arnold
Lori Arnold
Justin Arrendale
Mohammed Aseeri
Sarro Assiamah
Russell Attridge
Elke Backman
Jaspreet Bains
Brian Baird
Alisia Baker
Stephanie Ballard
Champ Barber
Lyndi Barclay
Megan Barnes
Genelyn Baroso
Alisha Barron
Melanie Bates
Benedick Bato
Karri Bauer
Melissa Baxter
Gina Bazemore
Alissa Beal
Eric Beaudoin
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Adrienne Becnel
Russell Benefield
Christine Berumee
Sylvia Best
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Donna Bigley
Marianne Billette
Edward Billings
Matthew Bird
Bryce Bitton
Allison Blackmer
Elizabeth Blake
Lori Blank
Mikel Bofenkamp
Monica Bogenschutz
Shiva Bojak
David Bookstaver
Angela Bottalico
Elisa Boulatom
Sarah Boyd
Rachel Boyer
Robert Boyle
Erika Briegel
Victoria Brink
Christina Brizendine
Jennie Broders
Brandon Brodeur
Amie Brooks
Andrea Brown
Jeremey Brown
Leslie Brown
Lydia Brown
Rodney Brumbelow
Veronda Bryk
Christy Burrows
John Bury
Rachele Busby
Laura Butkiewich
Lucinda Buys
Laurin Cain
Gina Caliendo
Ryan Camden
Maya Campara
Matthew Campbell
Kara Canty

Register Now for the Oncology Pharmacy Preparatory Review Course

Mark your calendar for the increasingly popular Oncology Pharmacy Preparatory Review Course, to take place in San Diego, California, May 20–22, 2010. This program is designed to help pharmacists prepare for the Board of Pharmaceutical Specialties (BPS) Oncology Pharmacy Specialty Certification Examination, to be offered in October 2010. Even if you are not planning to sit for the BPS examination, you may still be interested in assessing your knowledge and skills in the area by taking advantage of this advanced specialty program. The course is an excellent review for oncology practitioners seeking to remain current in all aspects of this practice area.

The Accreditation Council for Pharmacy Education accredits this course for 22.5 contact hours of continuing pharmacy education, and BPS has approved it for recertification credit for Board-Certified Pharmacists. Course enrollment is limited to 300 participants, so be sure to register early to reserve your place—the 2009 course sold out early. Registering by April 20, 2010, will allow you to take advantage of the discounted early registration fee. Total course registration is limited to 300 participants.

The course will take place at The Westin Gaslamp Quarter, a luxury hotel located in the heart of downtown San Diego's historic and vibrant Gaslamp Quarter. Hotel reservations will be accepted until April 21, 2010 (or until the group block sells out, whichever occurs first).

This course is part of a professional development program offered by the American College of Clinical Pharmacy and the American Society of Health-System Pharmacists. Visit the ACCP Web site, www.accp.com, for complete meeting details.
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**ACCP Report**  
February, 2010
When an Associate Member of ACCP achieves specialty board certification, he or she qualifies to become a Full Member in the College. As a result of the 2009 examinations, 481 former Associate Members are now Full Members. In addition, 244 Full Members passed their examinations.

See the figure on the next page for a graphical depiction of the extraordinary growth in the number of board-certified specialists—more than 9,000 pharmacists are now board certified in one or more specialties! For more information on the 2010 specialty examinations, contact BPS at (202) 429-7591, or visit their Web site at http://www.bpsweb.org.
Pharmacists Certified by the Board of Pharmaceutical Specialties

The graph below illustrates the numbers of pharmacist specialists holding BPS certification in each of the years noted in the five recognized areas for which testing programs have been implemented.

* Individuals who failed to certify have been excluded from these statistics.
Pharmacotherapy Pearls

Pharmacotherapy's Impact Factor

Wendy R. Cramer, B.S., FASCP
Richard T. Scheife, Pharm.D., FCCP

The new impact rankings of the Institute for Scientific Information (ISI) have just been released, and Pharmacotherapy's 2008 impact factor (the most recent figure) has increased from 2.012 (in 2007) to 2.527, surpassing both the Annals of Pharmacotherapy (2.305) and AJHP (1.763). The Board of Directors (BOD) and the Scientific Editor Council (SEC) review strategies on an ongoing basis to improve journal quality and impact on the field of pharmacotherapy. The ISI impact factor is one of the factors monitored by BOD and SEC to assess impact and quality. During the past couple of years, the Scientific Editors have increased the rejection rate of papers submitted to the journal to reduce the number of papers that do not substantially contribute to evidenced-based pharmacotherapy or clinical research. Although we cannot determine precisely what increased the impact factor in 2008, we suspect that the increase is partly because of the increased rejection rate, fostered by the increased involvement of our SEC. The ISI impact factor reported each year reflects data from the previous 2 years. The 2008 impact factor is calculated as follows:

Number of cites in 2008 to articles published in 2006 and 2007 = 1089
Number of articles published in 2006 and 2007 = 431

= 2.527

SEC and BOD remain confident that new initiatives will lead to further increases in the quality of the journal as well as the impact factor. This newsletter and the journal will publish more information about these and other initiatives. We thank all of you who have served the journal in so many capacities.

A Great Gift for New Graduates!

Clinical Pharmacy in the United States: Transformation of a Profession

As we approach the spring/summer graduation season, ACCP has the perfect gift suggestion for the graduating pharmacy student, resident, or fellow you would like to recognize.

Drs. Robert M. Elenbaas and Dennis B. Worthen have written a fascinating historical analysis of the profession of clinical pharmacy. An annotated timeline outlining the development of clinical pharmacy is presented along with lively personal reflections from key players in the profession's history. These stories are told in the context of the social, cultural, political, economic, and scientific developments of the past century. The resulting fully illustrated book will educate and enlighten newcomers to the profession as they begin their careers.

Click here (http://www.accp.com/bookstore/la_01cpu.aspx) to order your copy of Clinical Pharmacy in the United States: Transformation of a Profession. The member price is $39.95; the nonmember price is $59.95. To ensure that your copy arrives in time for graduation, please allow 7–10 days for shipment.

Awards, Promotions, Grants, etc.

John Bosso, Pharm.D., FCCP, BCPS, has been appointed Professor and Chair of Clinical Pharmacy and Outcomes Sciences at the South Carolina College of Pharmacy....

Cynthia Boyle, Pharm.D., recently received the 2009 Seidman Distinguished Achievement Award from the Maryland Pharmacists Association....Katherine Chessman, Pharm.D., FCCP, BCPS, has been promoted to Professor of Clinical Pharmacy (with tenure) at the South Carolina College of Pharmacy....Joseph Dasta, M.S., FCCP, is the recipient of the 2010 American College of Critical Care Medicine Distinguished Investigator Award, marking the first time a pharmacist has received this award....Phillip Hall, Pharm.D., FCCP, BCPS, has been promoted to MUSC Campus Associate Dean (Full Professor) at the South Carolina College of Pharmacy....Shirley Hogan, Pharm.D., was recently promoted to Clinical Associate Professor of Pharmacy Practice at the University of Mississippi School of Pharmacy....Brian Isetts, Ph.D., BCPS, has been promoted to Professor with Tenure at the University of Minnesota College of Pharmacy....Melanie Joy, Pharm.D., Ph.D., FCCP, recently received a Ph.D. in Pharmaceutics at the University of North Carolina, Chapel Hill....Michael Kane, Pharm.D., FCCP, BCPS, received a grant award of $49,000 from Abbott Diabetes Care for a study of glucose meter accuracy....Kimberly Braxton Lloyd, Pharm.D., from Auburn University, was named Faculty Member of the Year by the Alabama Pharmacists Association....Eugene Morse, Pharm.D., FCCP, BCPS, has been appointed Co-Chair of the Oral HIV/AIDS Research Alliance, Oral Pharmacokinetics Focus Group, AIDS Clinical Trials Group....Wendy St. Peter, Pharm.D., FCCP, BCPS, was recently promoted to Professor with Tenure at the University of Minnesota College of Pharmacy....Tim Stratton, Ph.D., BCPS, is serving as President of the Minnesota Rural Health Association for 2009–2010....Kathleen Tornatore, Pharm.D., FCCP, received an R21 grant for $427,000 from the National Institute of Diabetes and Digestive and Kidney Diseases for “Genomic and Cellular Markers and Chronic Renal Allograft Function”....Chad VanDenBerg, Pharm.D., BCPS, was awarded a $439,572 grant from Eli Lilly to study the effect of LY2062430, an anti-amyloid beta monoclonal antibody, on the progression of Alzheimer's disease....Alan Zillich, Pharm.D., received $121,811 from the Indiana Family and Social Services Administration for “Effect of a Pharmacy Case Program (DailyMed) on Clinical and Economic Outcomes.”
Explore Publishing Opportunities with ACCP

The American College of Clinical Pharmacy is always seeking to develop new publications and products in conjunction with ACCP members. If you have an idea for a book, teaching aid, monograph, or other informational product that you believe should reach a market that includes clinical pharmacists, faculty, students, and/or allied health care practitioners, we would like to talk with you about working with ACCP to publish and market your ideas.

Here is your opportunity to be the author of a resource to advance knowledge and, at the same time, enhance your professional development. Publishing with ACCP can help establish your professional reputation while giving you the opportunity to make a significant contribution to clinical pharmacy.

To discuss your publication/product ideas and explore opportunities with ACCP, please contact Janel Mosley, Publications Project Manager, at jmosley@accp.com, or visit http://www.accp.com/docs/bookstore/proposal.pdf to complete an ACCP Publishing Proposal.

New Members

Jane Abels  
Prince Adarkwah  
Samuel Aitken  
Nada Al-Agil  
Jerry Altschuler  
Jane Arey  
Jason Arimura  
Laura Azuma  
Nahla Bacha  
Kacie Bailey  
Laura Baumgartner  
Christopher Bell  
Alka Bhalla  
Nichole Braathen  
Rebecca Brothers  
Cornelius Brown  
Rosemarie Brown  
Carolyn Bubbar  
Rebecca Burns  
Andrea Carr  
Debra Chan  
Anna Chao  
Maria Chiaro  
Darrell Childress  
Patricia Chinn  
Kay Cho  
Ann Clark  
Lindsey Clark  
Ryan Costantino  
Ronald Cox  
Jessica Cundiff  
Adanna Davis  
Megan Davis  
Kyle Dawson  
Heather Dell’Orfano  
Philip DiMondo  
Lan Duong  
Jihye Kim  
Marissa Kim  
Mina Kim  
Kristin Krajewski  
Kevin Krogstad  
James Kultgen  
Joseph Lassiter  
Lisa Lee  
Veronica Lesselyoung  
Jason Lukr  
Mary Mackey  
Lara Macklin  
Nnenna Makanjuola  
Christine McLellan  
Beth McStoots  
Jennifer Mecca  
Getachew Mekonnen  
Robert Menak  
Kimberly Metka Welch  
Molina Mhatre  
Rebekah Milazzo  
Kori Miller  
Gwen Mitchell  
Ohubunmi Momoh  
Molly Moore  
Sarah Morse  
Brandon Mottice  
Steven Nakajima  
Kobi Nathan  
Michele Neill  
Melissa Nestor  
Kimut Nguyen  
Nancy Nix  
Jessica O’Laughlin  
Matthew Olson  
Philip Onochie  
Thomas O’Reilly  
Lynn Osmer  
Anna Oughton  
Hiral Patel  
Varsha Patel  
Vipul Patel  
Stephanie Peters  
Shinelle Pierre  
Angela Plewa  
Samantha Powell  
Jenny-Brigid Prohaska  
Eugene Przespo  
Julia Quan  
Lauren Radvansky  
Bishoy Ragheb  
Hector Ramirez  
Leira Ramirez-Ruiz  
Heather Reach  
Avery Ritter  
Deborah Rogers  
Anna Rouse Dulaney  
Kristy Ryman  
Andriana Sacchini  
Danielle Salaz  
Kimberly Sandoval  
Jennifer Schippers  
Lindsay Schray  
Nicholas Schutz  
Naida Sehovic  
Mark Sellers  

The Following Members Recently Advanced from Associate to Full Member:

Hisham Al Momattin  
Shawn Anderson  
Duane Boyle  
Seth Brownlee  
Alex Bryant  
Jacinda Byrd-Smith  
Lai Chai  
Vincent Chia  
Robert DiGregorio  
Martha Espinoza  
Lisa Fairchild  
Carol Fox  
Stephen Gore  
Kymberli Guerra  
Michael Haile  
Christina Heinrich  
Lisa Heuser  
Amanda Holley  
Terreia Jones  
Susan Kent  
Cindy Loffler  
Sima Mehta  
Marianne Miscioscia  
Anthony Nicasio  
Julie Oestreich  
Russell Roberts  
Libby Schindler  
Kristy Stager  
Chris Terpening  
Nicholas Tessier  
Judith Toth  
Rudolph Valentinov
New Member Recruiters

Many thanks to the following individuals for recruiting colleagues to join them as ACCP members:

Mark Bremick
Tim Church
Jay Currie
William Docktor
Margaret Fernandez
Lori Hornsby
Mandy Klingenber
Walter Knapp
Karen Kovey
Stephen LaHaye
Jill Leslie
Jed Lewis
Lindsey McGreer
Beth Resman-Targoff
Autumn Runyon
Lawrence Santomaso
William Semchuk
Debra Skaar
Sarah Spinler
Martha Stassinos
Kimberly Zietlow