Erstad Chosen as ACCP President-Elect

Brian Erstad, Pharm.D., MCCM, FCCP, FASHP, BCPS, was chosen as ACCP president-elect in annual elections held last spring. Erstad is currently a professor and head, Department of Pharmacy Practice & Science, University of Arizona College of Pharmacy. His clinical responsibilities are performed at Banner University Medical Center, where he has been program director for 24 critical care residents and 1 fellow. His research interests pertain to critical care medicine with an emphasis on patient safety and related outcomes research. Erstad is currently ACCP’s treasurer. He served on the planning committee for the ACCP-ESCP International Congress on Clinical Pharmacy and the ACCP Publications Committee, Clinical Pharmacy Challenge Item Writing Committee, and Educational Affairs Committee (as both a vice chair and a chair). He served as an ACCP appointee to the BPS Pharmacotherapy Specialty Council and was subsequently selected to chair the first BPS Critical Care Specialty Council. Erstad was a member of the Pharmacotherapy editorial board in 2003–2015 and is a frequent author/reviewer for the journal. He has served as an abstract reviewer and published book chapters for ACCP. He is also the editor of the ACCP textbook Critical Care Pharmacotherapy. Erstad has presented often at ACCP meetings and symposia and was recognized as an ACCP Fellow in 2000.

In other election results, Miranda Andrus, Pharm.D., FCCP, BCPS, was elected as treasurer, and Sarah McBane, Pharm.D., FCCP, FCPHA, BCPS, DCE, and M. Shawn McFarland, FCCP, BCACP, were selected as regents. Each will be installed at the 2018 ACCP Global Conference on Clinical Pharmacy in Seattle, Washington, for 3-year terms. Andrus is an associate clinical professor of pharmacy practice at Auburn University Harrison School of Pharmacy and clinical associate professor of family medicine at the University of Alabama-Birmingham School of Medicine Huntsville Regional Medical Campus; McBane is a professor and chair of the Department of Pharmacy Practice at West Coast University School of Pharmacy in Los Angeles, California; and McFarland is a national clinical pharmacy program manager for Clinical Practice Integration and Model Advancement with the Veterans Affairs Clinical Pharmacy Practice Office.

William Baker, Pharm.D., FCCP, FACC, FAHA, and Amy Pai, Pharm.D., B.S., FCCP, FASN, FNKF, BCPS, were each elected to 3-year terms as Research Institute trustees. Baker is an associate professor within the Department of Pharmacy Practice at the University of Connecticut (UConn) School of Pharmacy. He also serves as a senior research scientist within the UConn Evidence-Based Practice Center. Pai is an associate professor of clinical pharmacy at the University of Michigan College of Pharmacy.

Erstad will be installed as president-elect at the 2018 ACCP Global Conference on Clinical Pharmacy and will assume the presidency the following year. As president, he will serve as chair of the Board of Regents and guide College programs and activities. In an interview with the ACCP Report, he commented:

In my candidate’s statement for running for president of ACCP, I stated that I believe that it is my obligation as a pharmacist to provide service to my profession and that I fully support the mission of ACCP.
For their spirit of volunteerism and support of ACCP, I extend my best wishes and thanks to all of the candidates who were running for elected offices in ACCP, regardless of the election results. Also in my candidate’s statement, I referred to two of my overarching goals if elected. The first is to foster a transparent, financially stable organization that is able to continue to fund the initiatives resulting from the recently completed strategic planning process. I am currently serving in my third year as treasurer of ACCP and I can say with confidence that despite ongoing fiscal challenges common to other pharmacy organizations, ACCP is committed to fund the important initiatives contained in our recently revised strategic plan in a transparent and responsible manner. My second overarching goal is to position ACCP as the preeminent pharmacy organization dedicated to interprofessional collaborations and practice aimed at improving patient health and outcomes. ACCP is already involved in a number of initiatives pertaining to this goal. One example was the charge to this year’s Public and Professional Relations Committee to determine the extent of current ACCP member involvement in expert interprofessional task groups and solicit recommendations on prerequisites for this involvement. This report should help ACCP recommend member involvement in future interprofessional initiatives. ACCP is very fortunate in that we have active members, servant leaders, and extremely dedicated and hardworking staff. Thank you for the support and trust you have given to me as your president-elect.

Other candidates for office in the 2018 elections were Rhonda Cooper-DeHoff, Erika Ernst, Megan Musselman, Leigh Ann Ross, Sharon See, and Kay Uttech.

Pharmacotherapy’s Impact Factor Increases to 3.196!

C. Lindsay DeVane, Pharm.D.*  
Editor-in-Chief, Pharmacotherapy

ACCP members and ACCP Report readers will be familiar with the term impact factor (IF). This metric is published each year by Clarivate Analytics, a company providing multiple products related to scientific research insights. The IF reflects a journal’s performance and status through a record of how often its articles are cited in other biomedical journals. The release of IF data is eagerly awaited each year by publishers and editorial teams. The data released June 26 ranked 12,300 journals in terms of citations during 2017 of articles published during 2015–2016.

The IF for *Pharmacotherapy* increased from 2.932 last year to 3.196 this year, pushing *Pharmacotherapy* over an important IF threshold of 3.0, an all-time high. This increase can be placed in a different perspective by understanding how *Pharmacotherapy* is ranked within its designated journal category, Pharmacy and Pharmacology. Last year, *Pharmacotherapy* broke into the top 100 journals in this category by having the 95th highest IF out of 256 journals. This year, the position has improved further, with the journal ranked 80th out of 261 journals.

Although use of IF data as the sole measure of journal quality has been widely criticized, IF remains a vital measure in biomedical publishing of a journal’s impact on its field. Perhaps an analogy can be made to a country’s gross domestic product, the total value of goods produced and services provided by a country in 1 year. Clearly, neither of these two metrics tells a complete story, but each can be regarded as a primary performance metric. In the future, this column will supplement the journal’s citation metrics with data on downloads and international readership together with comparisons to other journals.

The publication of *Pharmacotherapy* is made possible through the combined effort of many individuals, including publication staff, editors, editorial board members, and reviewers. Most important are the authors who choose to submit their best work to the journal. Exposure to an international readership of articles published in *Pharmacotherapy* is increasing. Hopefully, the quality of *Pharmacotherapy*, as reflected by an IF that has steadily increased over the past several years, will continue to stimulate important submissions to improve drug therapy.

CMM Study Team Releases Common Language Document

The CMM Effectiveness and Implementation Study Team has released *The Patient Care Process for Delivering Comprehensive Medication Management (CMM): Optimizing Medication Use in Patient-Centered, Team-Based Care Settings*.

The essential functions of the CMM patient care process and the steps necessary to make CMM operational must be articulated and defined in detail. Moreover, this “common language” must be established to ensure the service is delivered consistently and with fidelity. Having applied a rigorous methodology to develop a CMM common language document (CLD) for the patient care process, the CMM study team has now finalized the document for widespread dissemination.
The CLD is one of many resources being developed as a result of research funded by ACCP and the ACCP Research Institute. It is intended for use by clinical pharmacists to ensure that the CMM service is understood and valued as distinct from, but complementary to, the care delivered by the patient’s physician or other care provider. Having a CLD also allows the interdisciplinary team of healthcare providers and staff to understand the ways in which various members of the team contribute to a patient care process that optimizes medication use.

Although based upon research in primary care, the patient care process for delivering CMM is expected to be easily adapted to other settings (e.g., acute care, specialty practice, community-based pharmacy practice).

Click here to download and print your copy of the resource.

ACCP-ASHP 2018 Oncology Course Materials Now Available

Instructional materials are now available for the 2018 edition of the Oncology Pharmacy Preparatory Review and Recertification Course for home study, cosponsored by ACCP and the American Society of Health-System Pharmacists.

This course is designed to assist oncology pharmacy practitioners who are preparing for the Oncology Specialty Certification examination administered by the Board of Pharmacy Specialties (BPS) and oncology pharmacists who are seeking to remain current in all aspects of their practice. The course content provides a comprehensive review of the domains and knowledge areas encompassed by the oncology pharmacy specialty.

The course has also been approved by BPS for recertification for Board Certified Oncology Pharmacists (BCOPs). BCOPs wishing to earn recertification credit for the 2018 Oncology Pharmacy Preparatory Review and Recertification Course must purchase access to one of the course formats available for BCOP recertification credit and successfully complete and submit the posttest by November 30, 2018. The course must be taken in its entirety to earn recertification credit. Partial credit is not available.

The course is available in a variety of formats. All formats offer up to 25.75 hours of continuing pharmacy education credit upon successful completion of the online posttests. Instructional components are also priced for individual sale. To obtain full information on the home study version of the course and place an order, visit the ACCP website or order by telephone at (913) 492-3311 or fax at (913) 492-0088.

Volume 2 of ACCP-ASHP Oncology Pharmacy Specialty Home Study Syllabus for Recertification Now Available

Are you seeking to earn Board Certified Oncology Pharmacist (BCOP) recertification credit? If so, purchase volume 2 of the 2018 Oncology Pharmacy Specialty Home Study Syllabus for Recertification, developed by ACCP and the American Society of Health-System Pharmacists. Available for 8.0 contact hours and
approved for BCOP recertification credit by the Board of Pharmacy Specialties, the home study syllabus focuses on advances across the four domains of oncology pharmacy specialty practice. Volume 2 features a collection of current journal articles from the primary oncology literature. Each article includes learning objectives, and the July volume has two web-based posttests covering the full series of articles. The home study syllabus is available through electronic access.

The second volume is now available. Topics in volume 2 include:

- Adult Acute Leukemia
- Pharmacogenomics
- Lymphoma
- Multiple Myeloma
- Breast Cancer
- Hepatocellular Carcinoma
- Lung Cancer
- Prostate Cancer

To learn more about volume 2 of the ACCP-ASHP 2018 Oncology Pharmacy Specialty Home Study Syllabus for Recertification, visit the ACCP Online Bookstore.

President’s Column
Right to Try (and Fail?)

Jill M. Kolesar, Pharm.D., M.S., FCCP, BCPS

The Right to Try (R2T) Act of 2017 was signed into federal law on May 30, 2018.1 This legislation amends the U.S. Food, Drug, and Cosmetic Act to allow patients with life-threatening diseases who lack approved treatment options to access eligible investigational drugs without formal compassionate use protocols. For an investigational drug to be eligible, at least one phase I trial must have been completed, with additional clinical trials ongoing. R2T also exempts pharmaceutical manufacturers and health care providers from liability associated with treating patients with investigational drugs under R2T provisions.

Before passage of this legislation, individual patients could access investigational treatments either by enrolling in clinical trials or through the FDA’s expanded access (EA) program, also known as “compassionate use.” The individual EA program requires the patient’s physician to initiate the request and the pharmaceutical manufacturer to agree to provide the medication; the required forms and documents are then submitted to the FDA for review and approval. Oversight by local human subjects committees or IRBs is also a component of EA, providing important protections for patients. The R2T act essentially eliminates FDA/IRB oversight and vendor/provider liability from the investigational treatment process, though physician oversight, pharmaceutical manufacturer approval, and patient consent are still required.

Proponents of R2T cite that only 3% of terminally ill patients enroll in clinical trials and that only about 1000 EA approvals are granted by the FDA each year, making this legislation a way to help the many patients with a terminal illness gain access to unapproved therapies.3 The Goldwater Institute supports R2T, suggesting that “many patients run out of time before they can qualify for the exemption or complete the process. Right To Try laws help patients get immediate access to the medical treatments they need before it’s too late.”3

However, few, if any, patient advocacy groups or professional societies support R2T, and 75 patient advocacy groups, including the American Cancer Society, have signed a letter to Congress urging Congress to reject the bill.4 Opponents of R2T suggest this legislation is unlikely to improve access because physicians are not required to place R2T requests on behalf of their patients, insurers are not required to pay for R2T treatment, and pharmaceutical manufacturers are not required to fulfill R2T requests for investigational agents

ACCP Clinical Pharmacy Challenge
Register by September 4th!
they are studying. Nor does the FDA’s individual EA program appear to be a major barrier – during 2000–2015, the FDA denied only about 1% of EA submissions.5

Opponents of R2T also cite significant patient safety concerns. Phase I clinical trials typically enroll 10–20 participants with the objective of determining the recommended phase II dose, not to establish efficacy. After only the first phase I study, opponents argue, so few patients have been studied that little, if anything, is known about the efficacy of the investigational agents – with knowledge gained of only the agents’ common adverse effects. Health care providers, including clinical pharmacists caring for patients under R2T, will thus need to make clinical decisions with limited information regarding the efficacy, adverse effects, administration procedures, bioavailability, and drug interactions of these R2T agents. In addition, though not required to pay for R2T treatments, health systems will likely be forced to bear some or all of these costs or risk significant negative publicity if patients cannot pay the costs themselves.

The impact of R2T on clinical care remains unknown. Before passage of the federal statute, R2T legislation had been approved in 40 states with little uptake or impact (positive or negative). However, to comprehensively manage medication regimens, including investigational agents, clinical pharmacists will need to understand the associated risks and benefits of these agents and convey them to their patients, including the fact that the benefits of investigational therapies are unproven and the associated adverse effects may be worse than no treatment at all.

References:


Although Boyd states many people have influenced her during her career, she says that one mentor has gone above and beyond to help her achieve her goals and that she hopes to model her future practice after this clinician. Boyd states:

I would like to specifically thank Todd Walroth, Pharm.D., BCPS, BCCCP, for his mentorship since I was a student and through my residency years. Through his role as clinical manager for pharmacy services and the burn/critical care clinical pharmacy specialist, he has taught me to have confidence in my abilities, to always strive to be successful, and to find a learning opportunity in every experience.

On a personal note, Boyd has a particular interest in all things Disney. She has been to Disney World about a dozen times. She enjoys learning more about the history of Walt Disney and the creation of the parks. One day, Boyd hopes to visit all six Disney theme parks across the world. She states that everyone should have an outlet for fun and that, for her, she loves being a kid at heart through her Disney hobby.

Washington Report
ACCP to Welcome the 2018–2019 Congressional Healthcare Policy Fellow

John K. McGlew
Director of Government Affairs

ACCP is pleased to welcome Tina Chhabra to its Washington office to begin the 2018–2019 American College of Clinical Pharmacy/American Society of Health-System Pharmacists/Virginia Commonwealth University Congressional Healthcare Policy Fellow program.

Launched in 2006 under the guidance of ACCP’s Ed Webb, Pharm.D., MPH, Director of Government and Professional Affairs, the program offers unique health care policy learning experiences in the U.S. Congress and the Government Affairs offices of ACCP and ASHP. Pharmacist participants in the program have the opportunity to gain real-world insight into health care policy analysis and development through immersion in the congressional environment. Fellows are actively mentored in legislative evaluation, policy development, research, and writing while integrating practical experience with theory. The 2017–2018 Fellow, Nilofar “Nellie” Jafari, spent the past 12 months working in the office of Senator Chris Murphy, a Democrat from Connecticut.

The 2018–2019 Fellow, Tina Chhabra, recently completed a fellowship at Biogen Inc., a biotech firm based in Cambridge, Massachusetts, in regulatory sciences and safety and benefit-risk management through the MCPHS University Biopharmaceutical Industry Fellowship Program. She holds a bachelor’s degree in political science from Virginia Commonwealth University (VCU) and a Pharm.D. degree, also from VCU.

As the daughter of a Washington, D.C.–area physician, Chhabra spent her youth among “the incessant beeping” of hospitals and doctors’ offices, she recalls. While working at her first job as a receptionist in her father’s office, she says, “I learned that health care was equally scientific and political, and that access to a doctor was very important – but not everyone could afford it.”

This connection between politics and health care continued for Chhabra. While volunteering as secretary general of her high school’s model United Nations, she competed in science fairs and excelled in her math and science courses. Later, her Biogen fellowship gave her an opportunity to do a rotation with the company’s policy and government affairs teams, which led to her participation in Capitol Hill hearings on topics such as the opioid crisis and drug pricing.

Chhabra pursued the ACCP-ASHP-VCU Congressional Healthcare Policy fellowship as a result of these experiences. “I am passionate about health care policy and have a profound desire to make a difference,” she says. “I believe health care is a right, but I also realize the
solutions to the problems that consume our system are nuanced and complex.” Moreover, “I strongly believe that there are not enough scientists and clinicians making the decisions that shape health care.”

Amee D. Mistry, associate professor of pharmacy practice at MCPHS University, called Chhabra a standout among her peers for her energy, communication skills, and determination to make a difference: “She has proven, on a number of occasions, to be an extremely focused, dedicated, and passionate pharmacist.”

The policies on which Chhabra would like to focus involve access to health care, medication accessibility, and health disparities. She says she intends to use her fellowship as a route to working on policy as part of the FDA or Centers for Medicare & Medicaid Services.

The 2018 Congressional Healthcare Policy Fellow program began July 9 when Chhabra spent 1 week at the Brookings Institution, which will be followed by 3 weeks each with ACCP’s and ASHP’s Government Affairs offices. Finally, she will embark on her placement within a congressional office or on congressional committee staff in Washington through August 2019.

Applications for the 2019–2020 Pharmacy Healthcare Policy Fellow Program
Interested candidates should visit the Pharmacy Healthcare Policy Fellow program’s website for more information and instructions on submitting an application. For more information about the fellowship, click here.

For more information on any of ACCP’s advocacy efforts, please contact John McGlew (jmcglew@accp.com).

Advance Clinical Pharmacy through Advocacy – Donate to ACCP-PAC Today

ACCP is confident that the core policy driving its effort to establish Medicare coverage for comprehensive medication management (CMM) services is fundamentally sound. The College’s proposal is consistent with the outcomes-driven, quality-focused approach to health care that Congress is striving to develop. During its many Hill visits, the College has experienced little, if any, objection to the policy position and messaging that CMM improves the quality of patient care by helping “get the medications right.”

However, as the 2018 midterm elections approach, ACCP must provide support for its friends on Capitol Hill to ensure these leaders remain in Washington and continue to advance policies that meaningfully address the nation’s current health care issues.

Political action committee (PAC) contributions are a constitutionally protected part of the nation’s political system under the First Amendment’s guarantee of free speech. ACCP-PAC is the only means through which the College can provide financial support for candidates for Congress. With its almost 18,000 members ACCP is in a position to become one of the most prominent pharmacy PACs in Washington. To do this, ACCP needs the widespread support of its membership.

Please consider donating at least $25 to ACCP-PAC. CLICK HERE to support your PAC today!
Eleven investigator-participants and nine mentors teamed up for 5 days of intensive investigator development at the University of Michigan College of Pharmacy, June 25–29.

This marked the fourth offering of the ACCP Research Institute (RI) Mentored Research Investigator Training (MeRIT) Program. The 5-day primer session kicked off this individualized, 2-year longitudinal program, which is designed to mentor participants throughout the research process – from research idea and study design to IRB and funding application to data collection, results presentation, and manuscript submission.

The RI’s flagship program, Focused Investigator Training (FIT), was delivered for the 10th time in 2018. FIT delivers an unparalleled, intensive, hands-on grant refinement experience for pharmacist-investigators pursuing funding from the National Institutes of Health and other similarly competitive sources as a principal investigator.

Assisted by skilled and successful research mentors, 2018 attendees concentrated on developing and revising their individual proposals throughout the week. Small-group sessions and individual work time allowed mentees to focus on their individual projects and immediately address questions and the recommended revisions. The small-group sessions were complemented by tip-rich lectures and discussions, one-on-one mentor and biostatistician appointments, and continual revision and feedback on ideas and proposals.

The 2018 MeRIT primer participants will present posters of their proposed research projects during the ACCP Global Conference on Clinical Pharmacy in Seattle, Washington, October 20–23, 2018. Also during the Global Conference, the MeRIT 2017 participants will present posters of their completed research projects. Please stop by to learn about these projects, ask questions, and offer advice to these motivated researchers.

Learn more about the FIT or MeRIT Program during the 2018 Global Conference at the RI Open House on Tuesday morning, October 23 or at any time on the RI website (www.accpri.org).

Watch for the summer 2019 FIT and MeRIT Program application materials on the ACCP RI website, and accelerate your growth as a clinical pharmacy researcher by submitting your letter of intent in February 2019. This approach to proposal development and investigator training with experienced and passionate mentors is unmatched by any other pharmacist training program.

**2018 Investigator-Participants:**
- Scott Coon, Pharm.D., BCPS, BCACP
  St. Louis College of Pharmacy
- Brandon Dionne, Pharm.D., BCPS, AAHIVP
  Northeastern University
- Kirk Evoy, Pharm.D., BCACP
  University of Texas at Austin
- David Foster, BSPharm, Ph.D.
  Purdue University
- Crystal Howell, Pharm.D., BCPS
  University of North Texas Health Science Center
- Anne Kugler, Pharm.D., BCACP
  Western University of Health Sciences
- Anne Misher, Pharm.D., CDE
  University of Georgia
- Benyam Muluneh, Pharm.D., BCOP, CPP
  University of North Carolina Health Care
- Jennifer Pruskowski, Pharm.D., BCPS, BCGP, CPE
  University of Pittsburgh
- Christina Sherrill, Pharm.D., BCACP
  High Point University
- Lindsey Westerhof, Pharm.D.
  Ferris State University

**2018 Faculty Mentors:**
- Jennifer Cocohoba, Pharm.D.
  University of California San Francisco
- Thomas C. Dowling, Pharm.D., Ph.D., FCCP
  Ferris State University
- Karen B. Farris, Ph.D.
  University of Michigan
ACCP Awards Three Meta-Analysis Training Scholarships

Last month, eight ACCP members learned about designing, conducting, and publishing meta-analyses during the course offered by the Center for Health Outcomes & PharmacoEconomic Research at the University of Arizona College of Pharmacy (the HOPE Center). ACCP partnered with the HOPE Center to make this recognized hands-on training program in meta-analysis available to ACCP members at a significantly reduced registration rate.

Each year, the course integrates in-depth instruction and action-oriented workshops to teach participants to design protocols, perform effective searches for data sets, screen studies and extract data, and conduct and interpret meta-analysis and meta-regression. The 3-day curriculum is designed for professionals and trainees with entry to intermediate levels of prior knowledge in meta-analysis. This year’s course was held June 18–20, 2018.

To further encourage members to participate in the course and publish meta-analyses pertinent to clinical pharmacy practice and research, ACCP competitively awarded three $500 scholarships to:

- **Alexander Le**  
  Student Pharmacist, Class of 2019  
  Texas Tech University – Abilene

- **Andrew Lucas**, Pharm.D., M.S.  
  Research Assistant Professor  
  University of North Carolina  
  Eshelman School of Pharmacy

- **Devada Singh-Franco**, Pharm.D., CDE  
  Associate Professor, Pharmacy Practice  
  Nova Southeastern University

In a post-course report to ACCP, one scholarship recipient noted,

The experiences and material gained by completing this training course have already begun to bear fruit and promise of future studies… I already have four meetings set up to discuss potential new meta-analyses… I am extremely excited about the acute and long-term potential of these studies and the skills [that] this training program ha[s] provided and how such studies may improve our treatment of patients in an ever-growing world of complex drug formulations and combinations of therapy.
Attention Students and Trainees: Apply for 2018 Global Conference Travel Awards

Have you thought about attending an ACCP meeting, but 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 2018 ACCP Global Conference on Clinical Pharmacy in Seattle, Washington, October 20–23.

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 an award. Applicants are asked to submit a completed application, which includes a CV 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 here. The application deadline is August 20, 2018.

Residents/Fellows: To qualify, applicants must be current members of ACCP who are enrolled in a residency or fellowship/full-time graduate studies program at the time of the meeting. Applicants must submit a CV, 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 application materials should be submitted online here. The application deadline is August 20, 2018.

For more information on ACCP travel awards, contact membership@accp.com.

Member Recruiters

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

Christopher Adams
Anna Bagsic
Alison Brophy
Ashley Campbell
Kelly Caudle
Dung Chau
Christine Cicci
L. Brian Cross
Cassidy Davis
Chris Droge
Amy Dzierba
Kimberly Elder
Amber Elliott
Ene Ette
Alan Gross
Curtis Haas
Conor Hanrahan

Kasey Hickman
Gabrielle Jacknin
Kazuhioko Kido
Wesley Kufel
Daniel Majerczyk
Alex McCormick
Monica Miller
Anne Misher
Timothy Morgan
Kiera Murray
Bradley Phillips
Michael Smith
Anne Spengler
Kenneth Taylor
Michael Tran
Kelvin Tsang

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Fall 2018 BPS Exam Registration

Apply through MyBPS on or before

Wednesday, August 1, 2018

Testing Window:
September 21, 2018 - October 7, 2018