Johnson to Join ACCP Staff as Director of Health Policy and Interprofessional Affairs

Samuel G. Johnson, Pharm.D., FCCP, BCPS-AQ Cardiology, will join the ACCP staff beginning January 11, 2016, in the position of Director of Health Policy and Interprofessional Affairs. Johnson, who was chosen after a national search, will be based full-time in the College’s Washington, D.C., office, reporting to ACCP Associate Executive Director C. Edwin Webb.

Johnson earned his B.S. degree (biology) from Truman State University and his Pharm.D. degree from the University of Missouri-Kansas City School of Pharmacy in 2003, the year he became a member of ACCP. He completed residency training in cardiology at Kaiser Permanente Colorado (KPCO) and has continued and expanded his practice there for more than 10 years. Most recently, he served as clinical pharmacy specialist in Applied Pharmacogenomics with KPCO and as clinical assistant professor with the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences.

An active member of national pharmacy practice and education organizations as well as ACCP, Johnson has been a frequently invited speaker and author in the areas of cardiology, pharmacogenomics, and team-based care practice and policy. He recently completed a 2-year term as the inaugural ACCP–AACP Institute of Medicine (now National Academy of Medicine) Anniversary Fellow in Pharmacy, where he both staffed and cowrote publications and related materials for the Institute of Medicine genomics roundtable as a lead staff member of its interprofessional work group.

“We are very pleased to have Sam join us in the Washington office to both broaden and increase our capabilities in the policy initiatives and interprofessional programs of the College,” said Webb. “He will bring his substantial clinical experience and leadership skills to our expanding interactions with Congress, federal agencies, and other advocacy relationships at a pivotal time in health care delivery system innovation and payment policy reform.”

“My family and I are truly thrilled and thankful for this tremendous opportunity,” said Johnson. “ACCP has long been my professional home, and I look forward to joining a talented staff of association professionals in...
Call for Nominations

Nominations for the 2016 “New” Awards (New Clinical Practitioner, New Educator, and New Investigator), 2016 Parker Medal, and 2016 ACCP Fellows (FCCPs) are now open and must be submitted by February 15, 2016. All nomination materials, including letters, curricula vitae or resumes, and other supporting documents, can be submitted online to ACCP. The online nominations portal specifies the nominating materials required for each award and honor. This portal is available at http://www.accp.com/membership/nominations.aspx.

2016 ACCP Fellows: Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice or research. Nominees must have been Full Members of ACCP for at least 5 years, must have been in practice for at least 10 years since receipt of their highest professional pharmacy degree, and must have made a sustained contribution to ACCP through activities such as presentation at College meetings; service to ACCP committees, PRNs, chapters, or publications; or election as an officer. Candidates must be nominated by any two Full Members other than the nominee, by any Fellow, or by any member of the Board of Regents. Current members of the Board of Regents, Research Institute Board of Trustees, Pharmacotherapy Board of Directors, or Credentials: FCCP Committee are ineligible for consideration. Nomination deadline: February 15, 2016.

2016 Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy: Recognizes an individual who has made outstanding and sustained contributions to improving or expanding the profession of pharmacy in an area of professional service—including, but not limited to, patient care, leadership, administration, finance, technology, information processing, service delivery, models of care, and advocacy. The award is not limited to pharmacists or ACCP members. All nominations must consist of a letter detailing the nominee’s qualifications for the award and his or her contributions to the profession of pharmacy; the nominee’s curriculum vitae, resume, or biographical sketch as available; and a minimum of three letters of recommendation. At least one of these letters must be from an individual outside the nominee’s current practice locale. Current members of the Board of Regents, Research Institute Board of Trustees, Pharmacotherapy Board of Directors, Parker Medal Selection Committee, or ACCP staff are ineligible. Nomination deadline: February 15, 2016.

2016 New Educator Award: This award recognizes and honors a new educator for outstanding contributions to the discipline of teaching and to the education of health care practitioners. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years. In addition, nominees must have completed their terminal pharmacy training or degree (whichever is most recent) within the past 6 years. Fellows of ACCP (i.e., “FCCPs”) are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support (also from ACCP members) that describe the individual’s accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee’s current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. Nomination deadline: February 15, 2016.

2016 New Investigator Award: This purpose of this award is to highlight the research program of an ACCP member who has made a major impact on an aspect of clinical pharmaceutical science. Nominees must have been at the time of nomination members...
both Lenexa and Washington, and contributing every day to the current and future success of the College.”

Johnson, his wife Mongthu Tran, Pharm.D., BCPS, CDE—an accomplished KPCO clinical pharmacist in her own right—and their twin sons, Tai and Luc, are in the process of relocating to the Washington, D.C., metropolitan area.

Registration Now Available for ACCP Updates in Therapeutics® 2016

Taking place at the Sheraton Grand Phoenix from April 8 to 10, 2016, Updates in Therapeutics® 2016 will feature the Ambulatory Care Pharmacy, Pediatric Pharmacy, and Pharmacotherapy preparatory review and recertification courses, each of which offers more than 20 hours of recertification credit in its respective specialty. All three courses offer a fast-paced, yet comprehensive review of the full scope of each specialty to help you reaffirm your areas of strength and identify potential weaknesses. Each course has a detailed workbook with 750–1500 pages, including 200+ case-based questions and explained answers, and provides access to a systematic series of review activities designed to help you ready yourself for the exam.

Registration for the premier preparatory review course experience, which opened at the end of November, can be accessed at www.accp.com/ut. Even if you are not planning to sit for the Board of Pharmacy Specialties (BPS) examination, you can still assess your knowledge and skills by taking advantage of one of these advanced specialty programs. All three courses are an excellent review for ambulatory care, pediatric, or pharmacotherapy practitioners seeking to remain current in all aspects of their practice area.

All courses will take place April 8–10, 2016, at the Sheraton Grand Phoenix, which is conveniently located just minutes from Phoenix’s international airport. Visit http://www.accp.com/ut to register and obtain complete meeting details.

Register for the ACCP/SCCM Critical Care Pharmacy Preparatory Review and Recertification Course by December 16 for Maximum Savings

The American College of Clinical Pharmacy has partnered with the Society of Critical Care Medicine (SCCM) to offer the Critical Care Pharmacy Preparatory Review and Recertification Course. The course will be offered in conjunction with SCCM’s 45th Critical Care Congress and will be held February 19–20, 2016, at the Orange County Convention Center in Orlando, Florida. Register today at www.sccm.org/Education-Center/Annual-Congress/Hotel-Travel/Pages/default.aspx.

This course is ideal for pharmacy professionals who are preparing for the Critical Care Pharmacy Specialty Certification Examination administered by the Board of Pharmacy Specialties (BPS) and for those seeking a self-paced review and refresher of relevant disease states and therapeutics. The Critical Care Pharmacy Preparatory Review and Recertification Course is also now available

Call for Abstracts for the 2016 ACCP Virtual Poster Symposium

All investigators in the field of clinical pharmacy and therapeutics, ACCP members and nonmembers alike, are invited to submit abstracts of papers to be considered for presentation at the ACCP Virtual Poster Symposium (May 18–19, 2016).

The deadline to submit abstracts in the Original Research, Clinical Pharmacy Forum, and Student, Resident, and Fellow Research-in-Progress categories is Monday, January 18, 2016, 11:59 p.m. (PST). Authors will be notified by e-mail of the acceptance of their papers by Thursday, March 31, 2016. See complete submission instructions and guidelines at http://accp.confex.com/accp/2016vp/cfp.cgi.

continued from page 1

of ACCP for more than 3 years; they must have a research program with a significant publication record having a programmatic theme or an especially noteworthy single publication; and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., “FCCPs”) are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee’s qualifications for the award, the nominee’s curriculum vitae, and two letters of support (also from ACCP members) that describe the individual’s accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee’s current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. Nomination deadline: February 15, 2016.
An Update on PPI Initiatives

In line with the new strategic plan of Pharmacotherapy Publications, Inc. (PPI), the PPI Board of Directors and staff have been hard at work implementing and advancing PPI’s strategic priorities. One of our key focus areas is supporting scholars and enhancing PPI’s publications and services. Therefore, we are excited to share updates on recent PPI initiatives.

PPI participated in several activities at the recent ACCP Global Conference on Clinical Pharmacy in San Francisco, October 17–21, 2015.

- PPI and the ACCP Research Institute cohosted a joint open house that allowed ACCP members and meeting attendees to meet one on one or in a small group/roundtable format with members of our board of directors and scientific editorial council. This venue allowed attendees to receive tips on how to get more involved with Pharmacotherapy, the official journal of ACCP. Attendees had the opportunity to interact with editorial staff, receive information on how to develop manuscripts of interest to PPI, and learn how to become a Pharmacotherapy reviewer and editorial board member. In addition, we shared information with international attendees on how to become involved as an international author and reviewer for PPI.

- After the open house event, we hosted a scientific session focused on developing the skills of a scientific author. During this session, Pharmacotherapy Scientific Editors Stuart Haines and James Tisdale addressed issues important to emerging scholars and authors such as how to plan and prepare a paper for submission to a peer-reviewed journal, address authorship issues, review papers and abstracts, and respond to reviewer comments in developing a revised manuscript for resubmission.

We were impressed with the level of interest, positive feedback, and attendance at these sessions. If you were unable to attend and are interested in learning more about “Scientific Author Development,” the program is available online. We hope to see many members at future PPI events—for those who had the opportunity to participate this year, we hope you become more involved with PPI!

We also express our gratitude to Pharmacotherapy Editor-in-Chief Lindsay DeVane; Scientific Editors Vicki Ellingrod, Stuart Haines, and James Tisdale; and Board of Directors members William Miller and Terry Schwinghammer for their many contributions to these events.

Part of our efforts to increase Pharmacotherapy’s impact in the field of pharmacy have entailed revitalizing the editorial board. We are pleased to announce the addition of the following new editorial board members:

- William L. Baker Jr, Pharm.D., FCCP, BCPS-AQ
  Cardiology
  University of Connecticut School of Pharmacy

- Jeffrey R. Bishop, Pharm.D., M.S., BCPP
  University of Minnesota Department of Experimental and Clinical Pharmacology

- Matthew J. Byerly, M.D.
  Montana State University

- Simon Jonathan Cheshire Davies
  D.M. (Oxon), M.A. (Oxon), M.B.B.S. (Lond.), M.R.C.Psych.
  University of Toronto, Canada

- William L. Galanter, M.D., Ph.D., M.S.
  University of Illinois College of Medicine

- Candice L. Garwood, Pharm.D., FCCP, BCPS
  Eugene Applebaum College of Pharmacy and Health Sciences
We extend a warm welcome to all of our new editorial members and thank our current members for their continued support of _Pharmacotherapy_.

PPI is also working to increase its social media presence, and we are proud to announce the launch of our new Twitter account @Pharmacojournal. Please follow us to keep abreast of the latest PPI initiatives and cutting-edge science and practice publications released in _Pharmacotherapy_.

**Washington Report**

John McGlew  
*Director of Government Affairs*

**2015 Year in Review from Washington, D.C.**

Throughout 2015, ACCP’s Washington office remained focused on its advocacy effort that calls on Congress to enact legislation to provide Medicare patients with coverage for comprehensive medication management (CMM) within the Part B medical benefit. This effort is centered on a clearly defined, comprehensive clinical pharmacy service provided by practitioners delivering care as members of interprofessional teams with established collaborative drug therapy management (CDTM) agreements or formal clinical privileges granted using local credentialing processes.

Our focus on the service (the “what”), rather than on the provider (the “who”), and our requirement that these services be delivered under formal collaborative practice agreements or clinical privileges granted by the health care setting in which the pharmacist practices have played a significant role in facilitating the progress we have made on Capitol Hill and our ongoing outreach to the physician community. These efforts in Washington, D.C., are connected components of ACCP’s organization-wide commitment to clinical practice advancement toward patient-centered, team-based care. This commitment includes awarding $2.5 million in grant funding to the University of North Carolina’s Eshelman School of Pharmacy to study the impact of effective implementation and scalability of CMM services in primary care medical practices. This augments our ongoing work with medical organizations, private payers, innovative health systems, and other key stakeholders to support the development, advancement, and positioning of clinical pharmacists as integrated direct patient care providers within team-based medical practices and delivery systems.

Within this context, ACCP has highlighted some important developments occurring in 2015 that we believe represent important progress in the College’s efforts to position clinical pharmacists to participate in evolving care delivery and payment models.

**Daniel S. Aistrope, Pharm.D., Named ACCP Director of Clinical Practice Advancement**

Daniel S. Aistrope, Pharm.D., was named ACCP Director of Clinical Practice Advancement after a national search. Aistrope joined the ACCP staff on February 16 and currently oversees the planning, development, and delivery of key components of the College’s clinical practice transformation programs and services.

Aistrope received his Pharm.D. degree from the Creighton University School of Pharmacy and Health Professions and completed residency training in pharmaceutical care leadership at the University of Minnesota. Before joining ACCP, he served on the faculty of the University of Missouri-Kansas City School of Pharmacy at the University of Missouri, Columbia campus. In this capacity, he developed and maintained primary care practices at multiple clinical sites and carried out academic duties as a full-time clinical faculty member. He also served as an adjunct assistant professor of medicine at the University of Missouri School of Medicine. Aistrope has been a member of ACCP since 2008 and has served as a member of both ACCP and ACCP PRN committees. He has presented and published on issues related to clinical practice development, educational assessment, pharmacotherapy, and leadership.

“I’m excited to join ACCP as a member of its staff and look forward to contributing to the College’s new and innovative practice development services for clinical pharmacists,” Aistrope commented, adding:

As a practitioner who has established several patient-centered practices in team-based settings, I have a
true appreciation for the need to provide high-quality, cutting-edge tools that will be useful to today’s clinician. I’m eager to continue to collaborate with others to serve the membership and advance clinical practice through the work of ACCP.

“We are thrilled to have Dan join our staff and help lead the development of ACCP’s practice advancement offerings,” said ACCP Associate Executive Director C. Edwin Webb, adding:

He brings a wealth of patient care and clinical practice development experience to this position. In addition, as a member of the College, he shares ACCP’s professional vision and core values.

Congress Tackles Complex Health Care Legislative Initiatives

Movement on several key health care initiatives on Capitol Hill indicates that this Congress, after years of partisan bickering over the Affordable Care Act, is willing and able to successfully tackle challenging and controversial health care issues. Of importance, conversations with congressional staff steering these initiatives indicate that ACCP’s advocacy efforts around health care transformation are closely aligned with evolving Medicare payment policy structures that measure and pay for quality and value, not simply volume of services, and fully incentivize care that is patient centered and team based.

SGR Repeal Legislation Is Signed into Law

That policy-makers in Congress were able to successfully agree on a legislative package that will permanently repeal the Medicare sustainable growth rate (SGR) came as a surprise to all who have observed the fiercely partisan tone that has come to characterize congressional activities.

The Medicare SGR was put into place as part of the Balanced Budget Act of 1997 and was designed as a means for the Centers for Medicare & Medicaid Services to regulate spending on Medicare physician services by linking payment levels to economic growth. In recent years, the formula used as part of the SGR system recommended drastic cuts to payments for Medicare physicians. To avoid this situation, Congress, on 17 separate occasions, stepped in with temporary fixes to avoid these cuts. Most health policy experts agree that the SGR approach is fundamentally flawed because it provides no incentives for providers to restrain volume or improve quality. However, the cost of eliminating the SGR (currently estimated at $175 million) and debate over how to pay for it has blocked previous congressional attempts to reach a consensus around a permanent repeal. In 2014, a bipartisan, bicameral repeal package won the endorsement of the American Medical Association, but passage stalled in the House over concerns about the proposal’s impact on the budget deficit.

ACCP expressed support for the SGR repeal legislation in comments submitted to the House Energy and Commerce Committee. The comments called on Congress to enact reforms to the Medicare Part B program that provide for coverage of CMM services provided by qualified clinical pharmacists as members of the patient’s health care team within its broader payment reform efforts as part of the process of reforming the Medicare payment system. Click here to read ACCP’s comments in full.

Under the new Medicare payment system approved by Congress, the SGR will be replaced with an approach focused on rewarding high-performing providers while supporting alternative payment models such as accountable care organizations and patient-centered medical homes. To help facilitate this shift from volume- to value-based payment, a merit-based incentive payment system (MIPS) will be established beginning in 2019 that includes a combined value-based payment program assessing the performance of each eligible provider on the basis of quality, resource use, clinical practice improvement activities, and meaningful use of certified electronic health record technology. Click here to read more about the new Medicare physician payment methodology.

ACCP is confident that its Medicare Initiative is consistent with the overall structure of this payment approach, and we will continue to work with our friends and allies on Capitol Hill to integrate coverage for CMM services within the evolving Medicare program.

21st Century Cures Act

Shortly after President Barack Obama signed the SGR repeal package into law, health policy leaders in Congress refocused their efforts on an initiative aimed at accelerating the discovery, development, and delivery of promising new treatments and cures for patients and maintaining America’s standing as the biomedical innovation capital of the world. This initiative, called the “21st Century Cures Act,” is the culmination of more than a year’s worth of public conversation with patients, innovators, providers, regulators, consumers, and researchers about what steps Congress can take to bridge the gap between advances in science and medicine and how those therapies are regulated. Citing the fact that treatments exist for only 500 of the 10,000 known diseases (7000 of which are rare), the 21st Century Cures Act aims to:

- Bolster resources for the National Institutes of Health and help encourage young and emerging scientists
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### ACCP Comments to the Bipartisan Working Group

In response to the request for input, ACCP, together with its Medicare Initiative partner, the College of Psychiatric and Neurologic Pharmacists (CPNP), submitted a joint statement to the committee. The statement addressed several key issue areas that outline specific policy categories the committee plans to consider as part of its chronic care reform efforts:

- Ways to promote the effective use, coordination, and cost of prescription drugs
- Ideas to effectively use or improve the use of telehealth and remote monitoring technology
- Strategies to increase chronic care coordination in rural and frontier areas
- Ways to more effectively use primary care providers in order to meet the goal of maximizing health care outcomes for Medicare patients living with chronic conditions

In the comment letter, ACCP and CPNP urged the committee to focus on care delivery models that promote and incentivize a truly patient-centered and interprofessional approach to medication-related clinical care and medication safety. The comments called on the committee to advance a quality-focused, patient-centered, team-based approach to health care delivery that helps ensure the safety of medication use by patients and achieves medication-related outcomes that are aligned with patients’ overall care plans and goals of therapy through the provision of CMM.

As part of the process of reforming the Medicare payment system, ACCP and CPNP urged Congress to enact reforms to the Medicare program that provide for coverage of CMM services provided by qualified clinical pharmacists as members of the patient’s health care team within its broader payment reform efforts. They also extended an offer to the committee to provide further information, data, and connections with successful practices that provide CMM services to help further inform the committee about this service in the context of Medicare payment and delivery system improvements that will modernize and sustain the program for the future.

Click here to read the ACCP/CPNP comments in full.

In addition, CPNP submitted separate comments calling for the recognition and implementation of CMM within Medicare Part B with a specific focus on beneficiaries with severe and persistent mental illnesses (SPMIs). **Click here** to read CPNP’s comment in full.

### Additional Opportunities for CMM

As evidence of the growing recognition within the health care policy community of the importance of CMM as part of the process of developing and implementing policies designed to streamline care coordination, improve quality, and lower Medicare costs, ACCP has learned...
that several organizations also included calls for CMM coverage in their comments to the committee. These organizations include the Pharmaceutical Research and Manufacturers of America (PhRMA), the Biotechnology Industry Organization (BIO), GlaxoSmithKline (GSK), and Blue Thorn, Inc. Healthcare Consulting.

Outlook for 2016
As we look toward the remaining months of the 114th Congress and the final year of the Obama presidency, ACCP approaches 2016 with cautious optimism, given recent evidence that this Congress is willing and able to tackle the challenging and controversial issues of reforming Medicare payment policy and care delivery structures. In a presidential election year, we anticipate a reduced congressional calendar, meaning that the window of opportunity to advance the health care efforts initiated in 2015 is limited. That said, electoral politics will place additional pressure on Congress to deliver substantive policy outcomes to an increasingly frustrated electorate, and the president will be anxious to notch up additional legislative victories in his final months in office.

Beyond the legislative process, ACCP’s staff expansion in the Government and Professional Affairs office will provide the College with exciting new resources to make further progress on the College’s ongoing clinical practice advancement initiatives. These include, to date, the development of issue briefs, products, services, and educational resources essential for integrating clinical pharmacy services into contemporary team-based health care delivery. The content and mode of delivery are focused on providing clinical pharmacists with actionable tools, knowledge, and skills to make meaningful transformation through practice management and leadership development.

ACCP’s Washington office thanks its members for their support, passion, and commitment to the initiatives and activities the College engages in on behalf of the profession. We wish you a happy holiday season and look forward to a productive 2016.

Contact Us! For more information on any of ACCP’s advocacy efforts, please contact:

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Suite 400
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jmcglew@accp.com

Perioperative Care PRN Wins ACCP-PAC PRN Challenge!

Congratulations to the Perioperative Care PRN for winning the ACCP-PAC PRN Challenge! ACCP launched the challenge to determine which PRN could provide the greatest level of support for ACCP-PAC. As the winner, the Perioperative Care PRN will be awarded a coveted Monday timeslot for PRN business meetings at the next two ACCP Annual Meetings. The PRN Challenge raised more than $7500 for ACCP-PAC, and we extend our sincere thanks and gratitude to all PRN members who participated in the challenge and supported the PAC.

Final Leaderboard
The full standings are as follows:

- Perioperative Care
- Endocrine and Metabolism
- Central Nervous System
- Clinical Administration
- Pharmaceutical Industry
- Nephrology
- Cardiology
- GI/Liver/Nutrition
- Pain and Palliative Care
- Ambulatory Care
- Pharmacokinetics/Pharmacodynamics/Pharmacogenomics
- HIV
- Critical Care
- Pediatrics
- Women’s Health
- Adult Medicine
- Infectious Diseases

There’s Still Time to Support ACCP-PAC!
Even though the PAC PRN Challenge has concluded, there’s still time to make a PAC contribution in 2015. To date this year, ACCP-PAC has raised $18,279, making this our most successful fundraising year to date. We are tantalizingly close to the symbolic $20,000 figure for the year. We urge ACCP members who have not yet contributed this year to make a contribution now to help us reach that goal. Click here to contribute to ACCP-PAC today!
BPS Seeks BCCCPs and BCPPSs to Serve on Its Specialty Councils

Two Specialist Positions Available

On November 30, the Board of Pharmacy Specialties (BPS) issued a Call for Nominations for two Board Certified Critical Care Pharmacists (BCCCPs) and two Board Certified Pediatric Pharmacy Specialists (BCPPSs) to serve on its Critical Care Pharmacy and Pediatric Pharmacy Specialty Councils, respectively.

Term: The term of appointment for BPS Specialty Council members for this call is from January 18, 2016, to December 31, 2018. BPS must receive nomination materials by Monday, December 21, 2015.

Purpose: BPS Specialty Councils serve the following purposes:

- To recommend to BPS the standards and other requirements for the certification and recertification of pharmacists in the specialty
- To develop and administer examinations as required for the certification and recertification of pharmacists in the specialty
- To evaluate the qualifications of individual pharmacists and to submit to BPS the names of those pharmacists recommended for certification or recertification in the specialty

Eligibility: Pharmacists holding BPS board certification in the pharmacy specialty area under the responsibility of the Specialty Council are eligible to apply. Prospective Specialty Council members must have at least 5 years of dedicated experience in the specialty practice area. Participation on other licensure or certification boards and experience as an item writer are preferred, but not required. Please note that the Specialty Councils strive to maintain a mix of practice expertise and practice setting. As such, the needs of each Specialty Council are different and will vary from appointment cycle to appointment cycle. A description of desired characteristics and a link to nomination materials are provided in the text that follows.

Deadline: BPS must receive all of the following items NO LATER THAN Monday, December 21, 2015.

- A completed and signed nomination form
- A completed statement of interest (300 words or less)—Response to the question: “Why are you interested in serving as a member of the BPS Specialty Council?”
- A current resume or curriculum vitae
- Completed and signed disclosure and confidentiality statement documents
- A maximum of two letters of recommendation (optional)

Nomination Submissions:

Critical Care Pharmacy: Two BCCCP positions open—Interested candidates should carefully review and consider the qualifications, position duties, responsibilities, and time commitment for a specialist member of the Specialty Council. Access the nomination submission form for BCCCPs; in addition, review the desired characteristics as follows.

- Desired Practice Experience: Administration/Management, Biostatistics and Research Methodology
- Desired Population Focus: Pediatrics, Women’s Health
- Desired Practice Focus: Cardiology, Emergency Medicine, Hematology/Oncology Supportive Care, Infectious Diseases, Medication Safety/Quality Assurance, Neurology, Practice Accreditation Systems
- Desired Practice Setting: Government (Armed Services/FQHC/NIH/Public Health Service)

Pediatric Pharmacy: Two BCPPS positions open—Interested candidates should carefully review and consider the qualifications, position duties, responsibilities, and time commitment for a specialist member of the Specialty Council. Access the nomination submission form for BCPPSs; in addition, review the desired characteristics as follows.

- Desired Practice Experience: Administration/Management
- Desired Population Focus: Adolescents, Neonates
- Desired Practice Focus: Emergency Medicine, Hematology/Oncology Supportive Care, Infectious Diseases, Medication Safety/Quality Assurance, Practice Accreditation Systems, Surgery
- Desired Practice Setting: Ambulatory Care, Family Medicine/Primary Care/Private Office, Government (Armed Services/FQHC/NIH/Public Health Service), Hospital/Health System–Based Setting, Managed Care/Mail Order

BPS anticipates the decision of new specialist members to be made by Friday, January 15, 2016. An on-site new member orientation is scheduled for Thursday, February 11, 2016.

For more information, contact Brian Lawson, BPS Director of Professional Affairs, at blawson@aphanet.org or (202) 429-4116.
ACCP Clinical Research Challenge: Local Competition Exam Available

Plan Now to Participate in 2016

Clinical Research Challenge
Critically evaluating and applying primary literature is an essential skill for clinical pharmacists. Research and scholarship contributes to improved health outcomes for patients and advances in the profession of clinical pharmacy. This innovative and unique competition offers teams of three pharmacy students the opportunity to participate in an online journal club and the chance to submit a clinical research proposal.

Teams of three students will compete against teams from other schools and colleges of pharmacy nationwide in an online format. This novel competition is targeted toward pharmacy students pursuing their first professional pharmacy degree and graduating in 2018 or 2019 (program years 1 and 2 for most schools). All eligible teams will have the opportunity to compete in round 1: Online Journal Club. Teams achieving the top 20 scores will advance to round 2: Research Protocol Development. The teams advancing to round 2 will be given a clinically focused research question and have 4 weeks to develop and submit a research proposal online following the criteria outlined here.

The teams with the top three research proposal submissions are requested to present their research design during a poster session at the 2016 ACCP Annual Meeting in Hollywood, Florida. In addition, each member of said teams will receive a complimentary Annual Meeting registration and a cash prize. Click here for additional prize information.

Only one team per institution can enter the competition. Institutions with branch campuses, distance satellites, or more than one interested team are encouraged to conduct a local competition. ACCP provides a written examination that institutions may use as a basis for their local competition, if they so desire. This examination is now available and may be requested by the ACCP faculty liaison or registering faculty member by e-mail. Please address your e-mail request to Michelle Kucera, Pharm.D., BCPS, at mkucera@accp.com. Students are not required to be members of ACCP to participate. Team registration should be submitted online and must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their ACCP faculty liaison. If no faculty liaison has been identified, any faculty member from the institution may initiate the registration process. The registering faculty member must confirm the eligibility of all team members online before a team will be permitted to compete in the Clinical Research Challenge.

The deadline to complete team registration and confirm eligibility is February 3, 2016. For additional competition information, including the schedule, FAQs, and sample questions, click here.

Attention Students: Want to Maximize Your Ability to Secure a Residency Position?

Register Today for “Emerge from the Crowd: How to Become a Standout Residency Candidate”

Are you planning to complete a residency after graduation? You probably know that of the 4358 PGY1 applicants who participated in the ASHP Resident Matching Program in 2015, about 35% did not match with a program. As competition among residency applicants continues to increase, it is important for students to know what type of candidates residency programs look for and learn the steps that can be taken now to distinguish themselves from the crowd.

Make plans to join ACCP at the Sheraton Grand Phoenix this April for an informative and interactive program titled “Emerge from the Crowd: How to Become a Standout Residency Candidate.” This unique program is designed to help first-, second-, and third-year pharmacy students maximize their ability to secure a residency position upon graduation. Students attending this exciting program will receive 10 hours of interactive programming over 2 days. The program begins on Saturday, April 9, and...
End-of-Year Special: Residents, Fellows, and Graduate Students Can Join ACCP for Half Price!

Attention residents, fellows, and graduate students: from now through December 31, first-time resident, fellow, and graduate student members of ACCP can join for just $40—half off the regular resident and fellow/graduate student member rate!

ACCP resident, fellow, and graduate student members have access to several important membership benefits, including:

- Deeply discounted rates to register for ACCP Updates in Therapeutics® courses being held in Phoenix, Arizona, April 8–10, 2016: Considering specialty certification in pharmacotherapy, ambulatory care pharmacy, or pediatric pharmacy? Take advantage of special member rates—register by the early-bird deadline for maximum savings.
- Reduced rates on board certification preparatory materials for home study: Prepare for your specialty board examination with electronic or print study materials available to you at discounted rates.
- Reduced pricing on ACCP’s self-assessment programs: Looking to maintain your BPS certification? ACCP now offers self-assessment programs in each of the following specialties: Pharmacotherapy, Ambulatory Care Pharmacy, Critical Care Pharmacy, and Pediatric Pharmacy.
- Free 1-year membership in an ACCP Practice and Research Network (PRN): Join one of ACCP’s 25 PRNs and network with specialists in your area of interest.
- Complimentary subscription to Pharmacotherapy: Resident, fellow, and graduate student members receive an electronic subscription to this essential reference for the clinical pharmacist.

To take advantage of this special offer, you can join ACCP as a member or renew your ACCP membership online. Alternatively, you can download and complete a specially marked membership application from our website and mail or fax it back to our office.

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**Pharmacogenomics: Applications to Patient Care, Third Edition**
A comprehensive resource for pharmacists and other health care professionals seeking to understand the clinical significance of the current evidence and to learn from the field experts about how best to apply pharmacogenomics at the point of care.

Featuring 10 fully revised chapters and added sections on drug shortage management, order review, and compounding, this second edition is an interdisciplinary go-to quick reference on parenteral nutrition.

**CURRENT Medical Diagnosis and Treatment Study Guide, Second Edition**
This guide facilitates your analysis of test cases and enhances your recall of internal medicine topics. Organized according to the Core Curriculum of the Clerkship Directors in Internal Medicine, this study-enhancing resource covers over 30 core topics that encompass the essentials, conditions, presentations, treatment approaches, and diseases seen by general practitioners in the inpatient and outpatient settings.

**Drug Information Handbook, 24th Edition**
Chosen daily by health care professionals as their resource to help improve medication safety and enhance patient care, this handbook follows a dictionary-like format, with drug products organized alphabetically and cross-referenced by U.S. and Canadian brand names and index terms. Clinicians have access to more than 1570 drug monographs, each offering up to 39 fields of information specific to a particular medication. Supplementing the drug information is an extensive appendix, offering helpful treatment guidelines and therapy recommendations, and a pharmacologic category index.

**Gabbard’s Treatments of Psychiatric Disorders, Fifth Edition**
The definitive treatment textbook in psychiatry, this fifth edition of *Gabbard’s Treatments of Psychiatric Disorders* has been thoroughly restructured to reflect the new DSM-5 categories, preserving its value as a state-of-the-art resource and increasing its utility in the field. The editors have produced a volume that is both comprehensive and concise, meeting the needs of clinicians who prefer a single, user-friendly volume. In the service of brevity, the book focuses on treatment over diagnostic considerations and addresses both empirically validated treatments and accumulated clinical wisdom where research is lacking.

**Pharmacotherapy: A Pathophysiologic Approach, Ninth Edition**
Written to help you advance the quality of patient care through evidence-based medication therapy derived from sound pharmacotherapeutic principles. The scope of this trusted classic goes beyond drug indications and dosages to include the initial selection, proper administration, and monitoring of drugs. You will find everything you need to provide safe, effective drug therapy across the full range of therapeutic categories.

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