



Mail, fax, or email completed application to:
 American College of Clinical Pharmacy
 13000 West 87th Street Pkwy
 Lenexa, KS 66215-4530
 Fax: (913) 492-0088
 Email: membership@accp.com
 Phone: (913) 492-3311

Annual Report of Student Chapter Activities

School/College of Pharmacy Information		
SCHOOL/COLLEGE OF PHARMACY NAME		
College of Pharmacy Liaisons (for the upcoming year)		
COLLEGE OF PHARMACY <u>FACULTY</u> LIAISON'S NAME	COLLEGE OF PHARMACY FACULTY LAISON'S EMAIL ADDRESS	
COLLEGE OF PHARMACY <u>STUDENT</u> LIAISON'S NAME	COLLEGE OF PHARMACY STUDENT LIAISON'S EMAIL ADDRESS	
Student Chapter Information		
ACCP STUDENT CHAPTER NAME		
SCHOOL(S) SERVED BY THIS CHAPTER*		
Chapter Officers (for the upcoming year)		
PRESIDENT'S NAME	PRESIDENT'S EMAIL ADDRESS	TERM (MM/DD/YYYY)
		FROM: TO:
PRESIDENT-ELECT'S NAME	PRESIDENT-ELECT'S EMAIL ADDRESS	
		FROM: TO:
SECRETARY'S NAME	SECRETARY'S EMAIL ADDRESS	
		FROM: TO:
TREASURER'S NAME	TREASURER'S EMAIL ADDRESS	
		FROM: TO:
ADDITIONAL OFFICERS DESIGNATED BY THE CHAPTER (PLEASE INCLUDE NAMES, POSITIONS, AND EMAIL ADDRESSES)		

*PLEASE CONTACT MEMBERSHIP@ACCP.COM FOR A LIST OF ALL INSTITUTIONS APPROVED WITH YOUR SCHOOL'S ACCP STUDENT CHAPTER APPLICATION)

Membership Drive

SCCP'S ARE REQUIRED TO CONDUCT AT LEAST ONE MEMBERSHIP DRIVE ANNUALLY AS A WAY TO RECRUIT AND DEVELOP CHAPTER MEMBERS. PLEASE PROVIDE A DESCRIPTION OF YOUR CHAPTER'S RECRUITMENT DRIVE IN THE SPACE PROVIDED BELOW. INCLUDE DETAILS ABOUT THE NUMBER OF RECRUITMENT DRIVES, THE DATE(S), AND THE NUMBER OF MEMBERS RECRUITED FOR EACH. ATTACH A SEPARATE SHEET IF NECESSARY.

Professional Development Project

SCCP'S ARE REQUIRED TO CONDUCT A PROFESSIONAL DEVELOPMENT PROJECT ANNUALLY THAT SUPPORTS ACCP'S MISSION. PLEASE PROVIDE A DESCRIPTION OF YOUR CHAPTER'S PROFESSIONAL DEVELOPMENT PROJECT IN THE SPACE PROVIDED BELOW. ATTACH A SEPARATE SHEET IF NECESSARY.

Participation in the ACCP Student Competitions

CLINICAL PHARMACY CHALLENGE

Chapters are required to participate in the ACCP Clinical Pharmacy Challenge either at the local or national level. In other words, in order to fulfill this requirement, members of the chapter must at a minimum participate in a local competition. However, the team that ultimately represents your institution does not have to be from the student chapter. This requirement will be waived if your school does not yet have students in their third year. Please check all that apply below.

- OUR CHAPTER PARTICIPATED IN LAST YEAR'S ACCP CLINICAL PHARMACY CHALLENGE.
- OUR CHAPTER PLANS TO PARTICIPATE IN THIS YEAR'S ACCP CLINICAL PHARMACY CHALLENGE.
- OUR SCHOOL DOES NOT YET HAVE STUDENTS IN THEIR THIRD PROFESSIONAL YEAR.

CLINICAL RESEARCH CHALLENGE

Chapters are encouraged to participate in the Clinical Research Challenge. Please select the option(s) below which best describe your chapter's participation in the Clinical Research Challenge.

- OUR CHAPTER PARTICIPATED IN LAST YEAR'S ACCP CLINICAL RESEARCH CHALLENGE.
- OUR CHAPTER PLANS TO PARTICIPATE IN THIS YEAR'S ACCP CLINICAL RESEARCH CHALLENGE.
- OUR CHAPTER DOES NOT HAVE STUDENT MEMBERS WHO ARE ELIGIBLE TO PARTICIPATE IN THE CLINICAL RESEARCH CHALLENGE (i.e., STUDENTS IN THE FIRST TWO PROFESSIONAL YEARS OF THEIR PHARMACY DEGREE PROGRAM).

ACCP Student Chapter Awards

OUTSTANDING STUDENT CHAPTER:

This award recognizes an ACCP student chapter that has exemplified strength in leadership, dedication in patient care, and passion for professional development through its activities and membership.

Number of Awards:

1 chapter/year

How to Apply:

Write an essay detailing your chapter's activities and achievements over the course of the past academic calendar year using the evaluation criteria listed on the [Outstanding Student Chapter Award Essay form](#). Please email your completed Annual Report of Student Chapter Activities and Outstanding Student Chapter Award Essay to membership@accp.com by no later than June 30.

OUTSTANDING STUDENT CHAPTER MEMBER:

This award recognizes students who have enhanced student involvement in their ACCP student chapter at the local, state (when applicable), or national level and who have expanded the presence of ACCP through community engagement, education promotion, research opportunities, and/or professional stewardship.

Number of Awards:

1 student member from each chapter/year

How to Apply:

EACH CHAPTER IS RESPONSIBLE FOR SELECTING ITS OWN WINNER AND SUBMITTING HIS/HER NAME TO ACCP FOR RECOGNITION. ACCP has created an [evaluation rubric](#) for chapters to use in the selection process. Please provide the winner's name in the space provided below. Award winners will be announced in the ACCP Report. For more information, please refer to the [ACCP Student Chapter Guide](#).

OUTSTANDING STUDENT CHAPTER MEMBER:

Membership Roster

CHAPTERS ARE REQUIRED TO HAVE A MINIMUM OF 5 MEMBERS. ALL STUDENT CHAPTER MEMBERS MUST ALSO BE MEMBERS OF ACCP. PLEASE DOWNLOAD A [CHAPTER ROSTER WORKSHEET](#) AND INCLUDE A ROSTER OF YOUR CURRENT MEMBERSHIP ALONG WITH THIS APPLICATION.

BY CHECKING THIS BOX WE ATTEST THAT ALL MEMBERS OF THE SCCP ARE ALSO CURRENT MEMBERS OF THE AMERICAN COLLEGE OF CLINICAL PHARMACY.

In submitting this report, we the undersigned agree to conduct all chapter activities in accordance with the approved Student Chapter Guidelines, American College of Clinical Pharmacy and in accordance with the overall purpose and mission of ACCP. It is understood that future officers shall agree to do the same, and that failure to conduct chapter activities in such a manner may result in loss of student chapter designation.

PRESIDENT'S SIGNATURE

DATE

COLLEGE OF PHARMACY FACULTY LIAISON'S SIGNATURE

DATE