**Student Chapter Application**

**American College of Clinical Pharmacy**



This application packet is provided to assist chapter officers and members in fulfilling the necessary requirements to become an officially recognized student chapter of ACCP. Please direct any questions about the student chapter recognition application process to [membership@accp.com](mailto:membership@accp.com).



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](mailto:membership@accp.com)

Phone: (913) 492-3311

**New ACCP Student Chapter**

**SCHOOL/COLLEGE OF PHARMACY INFORMATION:**

School or College of Pharmacy Name: Click here to enter text.

School Address: Click here to enter text.

City/State/Zip/Country: Click here to enter text.

**COLLEGE OF PHARMACY LIAISONS:**

Name of Faculty Liaison: Click here to enter text.

Name of Student Liaison: Click here to enter text.

**STUDENT CHAPTER INFORMATION:**

1. Student Chapter Name: [INSERT SCHOOL’S NAME] Student College of Clinical Pharmacy. A Student Chapter of the American College of Clinical Pharmacy.
2. School(s) Served by This Chapter: Click here to enter text.
3. Names of Chapter Officers
   1. President: Click here to enter text.
   2. President-Elect: Click here to enter text.
   3. Secretary: Click here to enter text.
   4. Treasurer: Click here to enter text.
4. Please Attach the Following:
   1. A list of charter chapter members (*a minimum of 5 ACCP student members is required to form a student chapter. All chapter members must be ACCP members.*)
   2. A copy of your proposed bylaws (template bylaws are available at <http://www.accp.com/docs/stunet/Bylaws_for_SCCP.pdf>).

*In making this application, 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.*

Signature, President

Date: Click here to enter a date.

Signature, Secretary

Date: Click here to enter a date.

Signature, Treasurer

Date: Click here to enter a date.

Signature, College of Pharmacy Student Liaison

Date: Click here to enter a date.

Signature, College of Pharmacy Faculty Liaison

Date: Click here to enter a date.