



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

ACCP Student Chapter Application

School/College of Pharmacy Information		
SCHOOL/COLLEGE OF PHARMACY NAME AND ADDRESS		
College of Pharmacy Liaisons		
COLLEGE OF PHARMACY FACULTY LIAISON'S NAME	COLLEGE OF PHARMACY FACULTY LIAISON'S EMAIL ADDRESS	
COLLEGE OF PHARMACY STUDENT 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		
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)

Student Chapter Bylaws

PLEASE INCLUDE A COPY OF YOUR CHAPTER'S PROPOSED BYLAWS ALONG WITH THIS APPLICATION. A SAMPLE SET OF BYLAWS TO USE AS A TEMPLATE ARE AVAILABLE [HERE](#) ON THE ACCP STUDENT CHAPTERS PAGE.

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
SECRETARY'S SIGNATURE	DATE
TREASURER'S SIGNATURE	DATE
COLLEGE OF PHARMACY STUDENT LIAISON'S SIGNATURE	DATE
COLLEGE OF PHARMACY FACULTY LIAISON'S SIGNATURE	DATE

NOTE: PLEASE BE SURE TO SEND THE FOLLOWING ITEMS ALONG WITH THIS APPLICATION:

- A list of charter members (a minimum of FIVE ACCP student members is required to form a student chapter. All chapter members must also be ACCP members).
- A copy of your chapter's proposed bylaws. Template bylaws are available on the [ACCP Students page](#).