



American College of Clinical Pharmacy Membership Application

Your Membership Category

Associate Member, Fellow - \$75

Fellows in a fellowship program. Please provide program director's name and year of program completion.

Associate Member, Resident - \$75

Residents in a pharmacy residency program. Please provide program director's name and year of program completion.

Please complete both sides of the application.

Member Profile

Name

First Name _____

Middle Initial _____

Last Name _____

Include professional designations (e.g., Pharm.D., Ph.D., BCPS) _____

E-Mail (required) _____

Preferred address will be displayed in the online membership directory.

Business (check if preferred address for correspondence)

Company/Institution _____

Address _____

Address _____

City _____

State/Prov _____ Postal/ZIP Code _____

Country _____

Work Phone _____

Fax _____

Home (check if preferred address for correspondence)

Address _____

Address _____

City _____

State/Prov _____ Postal/ZIP Code _____

Country _____

Home Phone _____

Alt. Phone _____

Revised December 2009

Method of Payment

ACCP Annual Dues

Fellow or Resident - \$75 \$ _____

PRN Dues: \$20 x # _____ PRNs \$ _____
(See PRN list on page 2)

Total Dues Payment Enclosed \$ _____

Check Enclosed, US Funds, payable to the American College of Clinical Pharmacy

Charge to AMEX DISC MC VISA

Card Number _____

Exp. Date ____ / ____ Security Code _____
(3- or 4- digit code on the front or back of credit card)

Signature _____

Mail or fax application and payment to:

American College of Clinical Pharmacy
Credentials Committee
13000 W. 87th St. Parkway
Lenexa, KS 66215-4530
Phone: (913) 492-3311
Fax: (913) 492-0088

For Office Use Only

Member Type _____ ID # _____

Check No. _____ Charge Sent _____

Code RF10 _____ Apv _____

Demographic Information

Gender

- Female
- Male

Date of Birth _____

mm/dd/yyyy

Education and Training

List training site and completion date

- PGY1 _____

- PGY2 _____

- Fellowships _____

Degree Year

Date completed/to be completed

- Pharm.D. _____
- Ph.D. _____
- M.S.Pharm. _____
- B.S.Pharm. _____
- Other (list) _____

BPS Certification

Indicate any BPS certification(s) you hold

- BCNP
- BCNSP
- BCOP
- BCPP
- BCPS

**Primary Practice Locale
(Select one)**

- Ambulatory Clinic
- College of Pharmacy
- College of Medicine
- Community Hospital
- Community Pharmacy
- Contract Research Org
- Government Hospital
- Home Health Care
- Long Term Care
- Managed Care
- Mental Health Facility
- Pharmaceutical Industry
- University Hospital
- Other (list) _____

Practice and Research Networks (PRNs) \$20 each

Enhance your membership through participation in any of the 22 ACCP Practice and Research Networks. Select as many as you like for \$20 each.

- Adult Medicine
- Ambulatory Care
- Cardiology
- Clinical Administration
- Central Nervous System
- Critical Care
- Drug Information
- Education & Training
- Emergency Medicine
- Endocrine & Metabolism
- Geriatrics
- GI/Liver/Nutrition
- Health Outcomes
- Hematology/Oncology
- Immunology/Transplantation
- Infectious Diseases
- Nephrology
- Pain & Palliative Care
- Pediatrics
- Pharmaceutical Industry
- Pharmacokinetics/Pharmacodynamics
- Women's Health

Interest Areas (check all that apply)

- Administration
- Adult Medicine
- Adverse Drug Reactions
- Advocacy
- AIDS/HIV
- Ambulatory Care
- Analgesia
- Anticoagulation
- Biotechnology
- Cardiology
- Clinical Research
- Community Practice
- Critical Care
- Dermatology
- Drug Abuse
- Drug Information
- Drug Interactions
- Drug Utilization Review/MUE
- Education and Training
- Emergency Medicine
- Endocrinology
- Family Medicine
- Gastroenterology
- General Medicine
- Geriatrics
- Hematology
- Herbal Medicine
- Home Health Care
- Immunology
- Infectious Diseases
- Managed Care
- Medical Ethics
- Nephrology
- Neurology
- Nutrition
- Obstetrics and Gynecology
- Oncology
- Pain and Palliative Care
- Pediatrics
- Pharmaceutical Industry
- Pharmacology
- Pharmacoeconomics
- Pharmacoepidemiology
- Pharmacogenomics
- Pharmacokinetics/Pharmacodynamics
- Pharmacotherapy
- Postmarketing Surveillance
- Psychiatry
- Pulmonary
- Rheumatology
- Specialty Certification/Recertification
- Surgery
- Toxicology
- Transplantation
- Urology
- Women's Health
- Other _____

ACCP Professional dues are not deductible as charitable contributions for U.S. federal income tax purposes. However, they may be deducted as ordinary and necessary business expenses except for the amount attributable to lobbying activities. ACCP estimates that 22% of annual dues may be allocated to lobbying.

All ACCP Memberships include an electronic subscription to Pharmacotherapy. Full, Associate, and Affiliate Memberships within the U.S. (including Guam, Puerto Rico, U.S. Virgin Islands, APO/FPO) also receive a print subscription. If you are not a Full, Associate, or Affiliate Member in the U.S. and would like a print subscription of the journal, please contact ACCP at (913) 492-3311 or membership@accp.com.