

Application

Patient-Care Impact Program 2010

Introducing an Emergency Pharmacist into Your institution



An ACPE practice-based continuing pharmacy educational activity

**Due 12:00 midnight
May 1, 2010**

Cost of Participation

If accepted into the program, you will be responsible for:

1. Submitting a fee of \$850 to ASHP (only upon your acceptance into the program; credit card is preferred, checks are also accepted; no money orders)
2. Attending live sessions on June 6 at the 2010 Summer Meeting (June 6-9, 2010 in Tampa, FL)
3. Participating in monthly teleconferences between July and November 2010
4. Attending the 45th Midyear Clinical Meeting (December 6-10, 2010 in Anaheim, CA)

By signing below, you are agreeing to attend each phase of the program in its entirety. Further, you understand that **you are responsible** (not ASHP) **for all costs** associated with this program, including:

- ✓ Registration, transportation, travel, hotel, and other trip incidentals related to attending ASHP 2010 Summer Meeting
- ✓ Registration, transportation, travel, hotel, and other trip incidentals related to attending ASHP 45th Midyear Clinical Meeting
- ✓ Phone fees incurred during teleconferences, webinars, etc

Applicant's Signature _____ Date _____

Enclosures

You must also include with your application **both** of the following:

1. **Statement of interest** – a letter, completed and signed by you, stating why you are interested in participating in this program
2. **Statement of support** – the attached form, signed by your immediate supervisor

Contact Information

8-Digit ASHP Membership/Customer ID		
First Name / MI / Last Name		
Degrees/Credentials		
Position Title		
Organization / Institution		
Business Address 1		
Business City, State, Zip		
Business Telephone / Fax		
Email		
Home Address 1		
Home City, State, Zip		
Home / Cell Telephone		

Please indicate preferred mailing address home business

Submission

Submit your completed application by **May 1, 2010** to:

Email: educserv@ashp.org

Fax: 301.634.5978

Mail:

Patient-Care Impact Program 2010
Educational Services Division
American Society of Health-System Pharmacists
7272 Wisconsin Ave.
Bethesda MD 20814

Applicant's Signature _____ Date _____

Continuing Education Credit



Participants will earn 25 hours (2.5 CEUs) of continuing pharmacy education (CE) from five separate components. The American Society of Health-System Pharmacists is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. ACPE Program #204-000-10-025-L04P. CE statements will be sent within four to six weeks after the final session. No partial credit will be awarded for this program.

Arrangements for Special Assistance

If you have any disability for which you may require an auxiliary aid or special service, please contact Paul Wong by May 15 at 301-664-8616.

Statement of Support

(To be completed by the applicant's supervisor)

Patient-Care Impact Program 2010

Introducing an Emergency Pharmacist into Your Institution

- I hereby express my full support for _____ to participate in the
(name of applicant)
American Society of Health-System Pharmacists (ASHP) **Patient-Care Impact Program 2010: Introducing an Emergency Pharmacist into Your Institution.**
- I support the applicant in pursuing this project and understand the desired outcome.
- I also understand that, if accepted, the applicant will be **required** to:
 1. Submit a fee of \$850 (upon your acceptance into the program)
 2. Attending live sessions on June 6 at the ASHP **2010 Summer Meeting** (June 6-9, 2010 in Tampa, FL)
 3. Participate in monthly teleconferences between July and November, 2010
 4. Attend the ASHP **45th Midyear Clinical Meeting** (December 5-9, 2010 in Anaheim, CA), and
- I understand that the participant and/or **my institution**, not ASHP, **is responsible for all costs** incurred as a result of this participation including teleconferences, meeting registration, travel, transportation, hotel, meals, and other trip incidentals.

Printed Name

Position Title

Name of Institution

Signature

Date