**Dallas/Fort Worth Chapter of American College of Clinical Pharmacy**

**ACCP Annual Meeting Professional Development Award – Application Form**

Application Deadline: September 30th, 2020

Email completed application materials to dfw.accp@gmail.com

* Application Form
* Curriculum Vitae
* Personal Statement

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| **Contact Information** |
| **Applicant Name:** |
| **Membership Type (circle one): Full Pharmacist Resident Pharmacist** |
| **Position/Title:** |
| **Institution/Employer Name:** |
| **Mailing Address:** |
| **Telephone:** |
| **Email Address:** |

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| **ACCP Membership** |
| **How many years have you been a member of the DFW Chapter of ACCP? (Not a member yet? Join today!)**  **How many years have you been a member of the National Chapter of ACCP?** |
| **If you have served on a local or national chapter committee or sub-committee, please indicate the committee name(s), date(s) of service, and your level of participation (i.e., member, vice-chair, chair).** |
| **Do you anticipate presenting a poster or presentation at the ACCP Annual Meeting?**  **Yes No**  **If yes, please list the abstract or presentation title(s) and presentation type(s):** |
| **Do you anticipate serving as a poster evaluator at the ACCP Annual Meeting?**  **Yes No**  **If yes, please indicate which poster session(s) you are assigned to evaluate:** |

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| **Additional** |
| **Will you be receiving any other travel/financial support or grant (e.g. professional development funds)?** |

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**ACCP Annual Meeting Professional Development Award – Personal Statement**

Not to exceed two pages, minimum 11-point font. Personal statement must include a description of the following:

1. How Annual Meeting/Global Conference attendance will further your clinical pharmacy career
2. Your current institutional support for professional meeting attendance (e.g., professional development funds) and/or financial need

**Personal Statement:**

I certify that the information included in the application materials is complete and accurate (electronic signature is acceptable).

**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ACCP Annual Meeting Travel Award – Criteria**

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| **Criteria** | **Rating** |
| **Member of National Chapter** | Yes (2) No (1) |
| **Committee Involvement**  **0 – No committee or sub-committee involvement**  **1 – Member of a committee or sub-committee**  **2 – Chair of a committee or sub-committee** | 0 1 2 |
| **Anticipated Annual Meeting Involvement**  **0 – Attending conference programming only**  **1 – Evaluating posters or presentations**  **2 – Presenting posters or presentations** | 0 1 2 |
| **Personal statement clearly describes how Annual Meeting attendance will benefit clinical pharmacy career**  **0 – Criteria not present**  **1 – Description vague/unclear**  **2 – Description clear** | 0 1 2 |
| **Personal statement clearly describes financial need**  **0 – Criteria is not present or applicant has significant institutional support for conference attendance**  **1 – Description vague/unclear or applicant has some institutional support for conference attendance**  **2 – Description clear or applicant has no institutional support for conference attendance** | 0 1 2 |
| **Point Total** | \_\_\_\_/10 |