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

**ACCP Annual Meeting Travel Award – Application Form**

Application Deadline: August 31st, 2021

All DFW ACCP resident, student, and pharmacist members are invited and encouraged to apply. You must be an active member of DFW ACCP to be considered. You may join or renew online at <http://www.dfwaccp.org/join-usrenew.html>.

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 (select one): Full Pharmacist Resident Pharmacist**  **Student 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?**  **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 other 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:** |
| **Do you have any other professional service related responsibilities at the ACCP Annual Meeting?** |

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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 – Evaluation Criteria**

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| **Criteria** | **Rating** |
| **Member of National Chapter** | Yes (2) No (1) |
| **ACCP 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 ACCP 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 and will fully support attendance with personal funds** | 0 1 2 |
| **Point Total** | \_\_\_\_/10 |