



Retired Pharmacist Application

Joining PPA is an investment in your future and pharmacy's. Your annual dues include membership in both PPA and your County Pharmacists Association. Consider it your affordable, professional insurance and your way to connect to thousands of other progressive thinkers and ideas! Contact the PPA office at (717) 234-6151 ext. 5 for additional information or with any questions.

Membership Category	All other counties	Allegheny	Bucks/Montgomery	Lancaster	Lehigh/Northampton
Retired Pharmacist Dues	\$89	\$89	\$89	\$89	\$89
*Affiliated County Dues		\$15	\$15	\$15	\$15
Total for those residing in an affiliated county	\$89	\$104	\$104	\$104	\$104

*All residents of Allegheny, Bucks, Lancaster, Lehigh, Montgomery, or Northampton counties are required to pay local county association dues in addition to regular PPA dues.

Please Print Clearly:

APPLICANT HOME INFORMATION

Name: _____ Suffix: _____
First M.I. Last (Sr., Jr., III, etc.)

Nickname: _____ Sex: Female Male Date of Birth: _____

Preferred Salutation (*check one*): Mr. Mrs. Ms. Miss Dr.

Name of Spouse: _____ PA County of Home Residence: _____

Home Address: _____ City: _____ State: _____

ZIP: _____ Home Phone: _____ Cell Phone: _____

APPLICANT WORK INFORMATION

Pharmacy/Company Name: _____ Your Title: _____

Check here if you are a pharmacy owner or here if otherwise self-employed.
 (Owners – please also complete owner addendum)

Work Address: _____ City: _____ State: _____ ZIP: _____

County – Employer/Pharmacy located in: _____ Work Phone: _____

Work Fax: _____ Work E-Mail Address: _____

Preferred Mailing Address: Home Work Preferred E-Mail: Home Work

APPLICANT CE INFORMATION

NABP eProfile ID (CPE Monitor #): _____ Birth Date (MMDD): _____

Are you a licensed pharmacist? Yes No Pennsylvania License Number: _____

PA Immunization License Number: _____

Other States in which you hold pharmacy licenses: (List all using state abbreviations): _____

Pharmacy Graduate: RPh. PharmD Year: _____ School: _____

Primary Practice Area: Select One ONLY

Academia Community – Chain Long Term Care/Consultant
 Community – Independent HealthSystem/Institutional MCO/Government/Industry

Please check any of the following Degrees/certificates/certifications/credentials in Healthcare/Pharmacy:

- | | | | | |
|---------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> RPh | <input type="checkbox"/> PhD | <input type="checkbox"/> BCOP | <input type="checkbox"/> CACP | <input type="checkbox"/> FACP |
| <input type="checkbox"/> PharmD | <input type="checkbox"/> BCACP | <input type="checkbox"/> BCPS | <input type="checkbox"/> CDE | <input type="checkbox"/> FASCP |
| <input type="checkbox"/> MBA | <input type="checkbox"/> BCCCP | <input type="checkbox"/> BCPP | <input type="checkbox"/> AE-C | <input type="checkbox"/> FCCP |
| <input type="checkbox"/> MPH | <input type="checkbox"/> BCNP | <input type="checkbox"/> BCPPS | <input type="checkbox"/> FAPhA | <input type="checkbox"/> AAHIVP |
| <input type="checkbox"/> MS | <input type="checkbox"/> BCNSP | <input type="checkbox"/> CGP | <input type="checkbox"/> FASHP | <input type="checkbox"/> AAHIVE |

Please check any of the following National pharmacy associations to which you belong: (listed alphabetically)

- AACP- American Association of Colleges of Pharmacy
- ACCP - American College of Clinical Pharmacy
- AMCP - Academy of Managed Care Pharmacy
- APhA - American Pharmacists Association
- ASCP - American Society of Consultant Pharmacists
- ASHP - American Society of Health System Pharmacists
- IACP - International Association of Compounding Pharmacists
- NCPA - National Community Pharmacists Association

***Membership terms are good for 12 months from the date of application. Renewal dues are typically billed approximately 30 days before due date, with several reminders. Members with unpaid dues after a 30 day grace period following the expiration date will be considered inactive. Members are encouraged to pay promptly to avoid any lapse of service or information!**

Practice Focus: Select as many as applicable

- | | | |
|---|--|--|
| <input type="checkbox"/> Academia/Research | <input type="checkbox"/> Gov't Agency/Armed Forces/PHS | <input type="checkbox"/> Mail Order Staff |
| <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> Hospital Director/Management | <input type="checkbox"/> Managed Care Pharmacist |
| <input type="checkbox"/> Chain Employee | <input type="checkbox"/> Hospital Staff | <input type="checkbox"/> Pharm Rep Clinical |
| <input type="checkbox"/> Chair Management | <input type="checkbox"/> Independent Pharmacy Owner | <input type="checkbox"/> Pharm Rep Sales |
| <input type="checkbox"/> Clinical Ambulatory Care | <input type="checkbox"/> Independent Pharmacy Staff | <input type="checkbox"/> Related Service |
| <input type="checkbox"/> Clinical Hospital | <input type="checkbox"/> LTC Pharmacist | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Consultant Pharmacist | <input type="checkbox"/> LTC Pharmacy Staff | |

Must be Completed: (Please initial each statement)

- _____ I certify that I have been a member of PPA and/or affiliated county association for five or more years
- _____ I certify that I am eligible for withdrawing Social Security. (Minimum age is 62)
- _____ I certify that I am not working more than twenty hours per week in a pharmacy related or directed position.

Optional additional amounts are listed below:

I would like to make an additional donation of \$ _____ to PharmPAC. (Due to federal election law requirements, PharmPAC may only be paid or included on personal checks or credit card payments. No corporate checks or credit cards may include PharmPAC dollars. If you wish to use a company check for dues, please write a separate personal check for any PharmPAC amount and make check payable to PharmPAC.)

I would like to make an additional donation of \$ _____ to the PPA Educational Foundation. Foundation amounts may be included in personal or corporate checks. As a non-profit, contributions may be deductible as charitable contributions, see below.)

Method of payment:

- Check # _____ Visa MasterCard Discover

Card Number: _____ Expiration Date: _____

Signature: _____ CVV Code: _____

Please mail the completed membership application and payment for membership dues to:

Pennsylvania Pharmacists Association, 508 North Third Street, Harrisburg, PA 17101-1199

Applications with credit card payments may be faxed to: 717-236-1618 or scanned and sent to ppa@paparmacists.com

Contribution or gifts to the Pennsylvania Pharmacists Association are not deductible as charitable contributions for federal income tax purposes. However, such payments may be deductible as business expenses or other provisions of the Internal Revenue Code. The Internal Revenue Service requires notification of the allocation of lobbying expense included in total membership dues which is not deductible. This amount is 15% of dues. Please consult with your accountant or tax attorney on these matters. **Foundation Contributions:** The Pennsylvania Pharmacists Association Educational Foundation has been granted 501(c)(3) status by the IRS. Contributions may be deductible as charitable expenses for federal income tax purposes. Please consult your accountant or tax attorney. The official registration and financial information for the Foundation may be obtained from the PA Department of State by calling toll free in Pennsylvania 1-800-732-0999. Registration does not imply endorsement.