Pennsylvania Pharmacists Association

Recruited by PPA Member: (optional)

_____

# Retired Pharmacist Application

Joining PPA is an investment in your future and pharmacy's. 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.

**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:**

| | | | | |
|---|---|---|---|---|
| ☐ RPh | ☐ PhD | ☐ BCOP | ☐ CACP | ☐ FACP |
| ☐ PharmD | ☐ BCACP | ☐ BCPS | ☐ CDE | ☐ FASCP |
| ☐ MBA | ☐ BCCCP | ☐ BCPP | ☐ AE-C | ☐ FCCP |
| ☐ MPH | ☐ BCNP | ☐ BCPPS | ☐ FAPhA | ☐ AAHIVP |
| ☐ MS | ☐ BCNSP | ☐ CGP | ☐ FASHP | ☐ 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*

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

**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@papharmacists.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.