



# Pennsylvania Pharmacists Association

## New Practitioner/ Resident 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.

Membership Category (based off of first 7 years after graduation)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Dues	\$35	\$55	\$75	\$105	\$135	\$175	\$215
*Affiliated County Dues	\$5	\$8	\$10	\$13	\$15	\$18	\$20
Total for those residing in an affiliated county	\$40	\$63	\$85	\$118	\$150	\$193	\$235

\*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.

\*New Practitioner 1 is for your first year post graduation; New Practitioner 2 is for your second, and so forth.

### 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            |  |

**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](mailto: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.