



APPLICATION FOR ACCREDITATION ASSESSMENT
(for lodgment at the time of completing the Preparatory (Stage One) Course)

To be eligible for accreditation, candidates must:

- 1. fulfill preparatory training (Stage 1) requirements and meet qualifying experience relating to medication management reviews
2. successfully complete the AACCP Communication Module and associated assessment
3. successfully complete a 50 multiple choice question (MCQ) clinical assessment
4. successfully complete an online case-study based assessment.

Candidates for accreditation have 12 months from the date of the release of the MCQ exam to complete the assessment process. The Clinical MCQ assessment will be released when the Communication Module has been successfully completed and the Portfolio of Experience is submitted (due within six months of the lodgment of this form).

The Privacy Policy of AACCP may be viewed on the Association's website: www.aacp.com.au

PLEASE PRINT CLEARLY.

1. APPLICANT DETAILS

Title (Mrs, Miss, Ms, Mr, Dr) First name Last name

Residential details: Address

Phone () Fax () Mobile Suburb State Post Code
Email

Employment details: Community Pharmacy Hospital Pharmacy
Proprietor Manager Employee Consultant Locum
Employee (brief position description)

Workplace name

Workplace address

Work Phone () Fax () Suburb State Post Code
Email

Preferred Mailing Address Home Workplace Email

Registration Information – A candidate for accreditation must be a pharmacist registered in Australia.

Academic qualification:

University

Year of Registration AHPRA Registration Number

Note: Copy of registration certificate should be attached to this form if available or provided to the AACCP as soon as possible.

Memberships: Indicate any relevant memberships and other postnominals where applicable:

- Pharmaceutical Society of Australia The Pharmacy Guild of Australia
Society of Hospital Pharmacists of Australia Australian College of Pharmacy
Other postnominals

2. PREPARATORY (STAGE 1) TRAINING

A preparatory (Stage 1) training certificate is valid for two years only.

a) Preparatory (Stage 1) training:

Date completed _____ Course provider and venue _____
Please include the provider's full name, e.g. PSA South Australian Branch

3. PAYMENT DETAILS



AUSTRALIAN ASSOCIATION
OF CONSULTANT PHARMACY

ABN 62 057 706 064

TAX INVOICE (when paid)*

*Application for Accreditation Assessment and Associate Status
(at the time of completing the Preparatory (Stage One) Course)*

\$506.00 incl. GST

NB: An accreditation fee of \$443.30 is payable after the successful completion of assessment and prior to the awarding of a Certificate of Accreditation.

Note: If you are unable to provide the documentation within the mandatory six-month period, it will be necessary for you to pay the balance of the membership and assessment fee (i.e. \$125.40 [includes GST]) when you submit documentation and prior to the release of the MCO assessment.

How to pay

Name on credit card _____

Card no.

Expiry date /

Please debit card: MasterCard VISA Amex (Please tick card used)

NB. Credit card fee of 2% applies to all cards.

Amount paid: \$ _____

CANDIDATE'S DECLARATION

I acknowledge that I have six months to complete and submit my *Portfolio of Experience* and one year from the date of the release of the Clinical MCO assessment to complete the accreditation process.

Signed _____

Date _____

NB: * Tax invoice after payment has been received, please photocopy and retain for your records.