

2024 Live Review & Recertification Courses Registration Form



Spring Into Certification

March 7-9, 2024 | Westin Galleria | Dallas, Texas

Register in advance and SAVE!

Register on or before January 26, 2024 to take advantage of special early bird discount rates. Register at www.rxcertifications.org

REGISTRATION INFORMATION

Please provide home and business information and check preferred address for correspondence.

ASHP ID Number (if applicable): _____

Name: _____
FIRST MIDDLE LAST

Name for Badge: _____

Home Address: _____
STREET

CITY STATE ZIP

Employer Name: _____

Employer Address: _____
STREET

CITY STATE ZIP

Daytime Phone: _____ Fax: _____

E-mail (required for meeting confirmation): _____

What is your primary position? (please check one)

- Director of Pharmacy/Chief Pharmacy Officer
- Director
- Associate or Assistant Director
- Clinical Coordinator
- Other Supervisory Position
- Staff Pharmacist
- Clinical Pharmacist—General
- Clinical Pharmacist—Specialist
- Faculty
- Resident/Fellow
- Student
- Technician
- Medication/Patient Safety Officer
- Informatics/Technology Specialist
- Other: _____

ACCP/ASHP'S LIVE REVIEW AND RECERTIFICATION COURSES

March 7-9, 2024 | 7:30 a.m. – 5:15 p.m.

Step 1: Select the **Board Certification Specialty** in which you will be participating. Check only one.

- Ambulatory Care Pharmacy** | ACRR24PREP | ACRR24RCT
- Emergency Medicine Pharmacy** | EMRR24PREP | EMRR24RCT
- Oncology Pharmacy** | ONRR24PREP | ONRR24RCT

Step 2: Select between the **Review Package** or the **Recertification Package**. Check only one.

- Review Package:** includes all recordings, slides (print/PDF), and the workbook (PDF)
- Recertification Package:** includes all recordings, slides (print/PDF), workbook (PDF), and the recertification assessment (for those seeking recertification only)

Step 3: Select your **registration category**. Check only one.

On or before January 26 January 27 and after

ASHP Member

Review Package \$570 \$680
 Recertification Package \$570 \$680 \$ _____

Non-Member

Review Package \$715 \$855
 Recertification Package \$715 \$855 \$ _____

Resident Member

Review Package \$285 \$340 \$ _____

Resident Non-Member

Review Package \$355 \$430 \$ _____

On-site registration will be available but limited due to space.

THREE WAYS TO REGISTER

- ONLINE:** www.rxcertifications.org
- MAIL:** ASHP Payment Center
PO Box 38069, Baltimore, MD 21297-8069
- PHONE:** 866-279-0681 Monday–Friday, 8 a.m.–6 p.m. (ET)

REGISTRATION CANCELLATIONS, REFUNDS, AND POLICIES

All meeting cancellations are subject to a \$75 handling fee. NO REFUNDS will be issued after February 9, 2024 (postmark or fax date). The ASHP Meetings and Events Terms and Conditions, Code of Conduct, Photo Waiver and Release, and Privacy Policy govern the participation in an ASHP in-person or virtual meeting or event. To read these documents, visit rxcertifications.org.

METHOD OF PAYMENT

- Enclosed is my check or money order made payable to ASHP and drawn on a U.S. Bank.
- Enclosed is my U.S. purchase order number #_____. Please issue invoice.
- Charge \$_____ to my:
 - MasterCard VISA AmEx Discover

Card #: _____ Exp. Date: _____

Signature: _____

By authorizing this charge, I certify that the above registration information is true and correct, and agree to be responsible for any additional charges.