NORTH CAROLINA BOARD OF PHARMACY APPLICATION FOR CLINICAL PHARMACIST PRACTITIONER (CPP)					For Office Use Only	
NAI	ME AND ADDRESS	MUST BE TY	PEWRITTEN		Clarify	Appears
l,		Social	Security		or Obtain	in Order
First Middle	Last Name					
Mailing Address						
Street	City	State	County	Zlp		
Place of Birth Yea		 Day Pr	resent Age Sex	Race		
I	Requirements fo	or CPP Ap	plicants			
To become a CPP, as defined, in 21 NCAC 4 as defined in 21 NCAC 46.3101(6). In additid experience and have completed two approved and completed a NCCPC or ACPE approved Specialties, be a Certified Geriatric Pharmaci accredited residency program, and have 2 ye you.	on, you must have eit d Certificate Program Certificate Program; st or have completed	her: 1) Earne hs; OR 2) Ear OR 3) Earne an American	d a BS degree in Pharm rned a PharmD degree and contrification from the Society of Health System	acy and 5 years clinical and 3 years clinical experience Board of Pharmaceutical em Pharmacists (ASHP)		
	Academ	ic Degree				
BS in Pharmacy			Doctorate in Pharma			
University Attended Date Degree				Date Degree Awarded		
North Carolina License Number	Pharmacis	st Licensu	re Year Original License Issu	ed		
	BPS or Geriat	ric Certific	ation			
Specialty Certification	Date Cor	npleted	Certifica	te Number		
	ASHP R	esidency				
Location	Date Sta	rted		Sompleted		
	Certificate	e Program	S			
The Certificate Program completed must be a Pharmaceutical Education (ACPE) approved Certificate Programs are required for BS deg	certificate program ir	n the area of p	practice covered by the			
Certificate Completed (See reverse side)	ldentifier		Date Co.	mpleted		
Certificate Completed (See reverse side)	ldentifier		Date Co.	mpleted		
CPP1-4/0						

CPP AGREEMENT

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E	mail address		Email Address			
Pharmacist Signature		Physician Signa	ature			
	e NC Board of Ph	armacy, the application v	vill be forwarded to the NC M	ledical Board.		
Address Street Telephone No		City		Zip		
Mailing						
		Type of Practice				
Physician's Name: First	Middle	Last	Physician's North Caroli	ina License Number		
		Physician Information				
VI. Termination Provision						
V. Patient Notification						
IV. Weekly Plan for Quality Cont	trol and Review and	d Countersignature of All C	Orders			
		······				
III. Plan for Emergencies						
Yes No						
Product Selection						
II. Diagnosis or Diagnoses		erapy or Therapies	Dosage Forms and Schedules, T Modifications Permitter	d		
I. Patients and Diseases						
in each practice site for inspectio an institution, attach appropriate is followed, then completion of ite	n by agents of eith documents from th	er Board upon request. R	efer to 21 NCAC 46.3101(6)b.	If practice occurs in	Obtain	Order
The CPP Agreement shall be ap	proved and signed	by both the supervising ph	vsician and the CPP. and a co	pv shall be maintained	Clarify or	Appears in

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			Clarify or Obtain	Appears in Order
Five years of clinical experience is required for E Different locations should be listed separately be		is required for PharmD recipients.		
Position Held	Date Started	Date Completed		
Describe Clinical Experience				
Position Held Describe Clinical	Date Started	Date Completed		
Experience				
Position Held	Date Started	Date Completed		
Describe Clinical Experience				
Position Held	Date Started	Date Completed		
Describe Clinical Experience				
Position Held	Date Started	Date Completed		
Describe Clinical				
Experience				

Approved by:

President of the North Carolina Board of Pharmacy	Date		
Executive Director of the North Carolina Board of Pharmacy	Date		