

ICHP Student Membership Sign-Up Aid - Chicago

1. On the ICHP homepage (<https://ichpnet.org/>) Click on “Join/Renew”

The screenshot shows the ICHP homepage. At the top, there is a banner for the 2017 Annual Meeting: "LAUNCH INNOVATION IN PHARMACY" on September 14-16, 2017, in Oakbrook Terrace, Illinois. Below the banner is the ICHP logo and the text "ILLINOIS COUNCIL OF HEALTH-SYSTEM PHARMACISTS Advancing Excellence in Pharmacy". To the right of the logo is a search bar and a login section with fields for "Username" and "Password", and buttons for "Login", "Forgot Password", and "Join / Renew" (highlighted with a red box). Below the header is a navigation menu with links for "ABOUT US", "MEMBERS", "EVENTS", "PHARMACY PRACTICE", and "RESOURCES". The main content area features a "KeepPosted" advertisement and a "QUICK LINKS" section with various resources.

2. On the **Membership Category** dropdown, select “Student (full time) \$20/yr. **Membership Duration** will automatically filter to “1 Year Membership”. Then click **next**.

MEMBERSHIP APPLICATION OR RENEWAL

Current members please log in before renewing!

If you're applying for Active, Associate, Retired, or Technician membership, you can take advantage of our multi-year membership plan.

Payments to ICHP are not deductible as charitable contributions for Federal Income Tax purposes. ICHP dues are not deductible as an ordinary and necessary business expense to the extent that ICHP engages in certain lobbying activities. For 2017 U.S. tax returns, the nondeductible portion of your ICHP dues is 75 percent. ICHP Federal Tax ID# 36-2887899.

Membership Information

Membership Category	<input type="text" value="Student (full time) \$20/yr"/>
Membership Duration	<input type="text" value="1 Year Membership"/>

Please note: student memberships are limited to 1 Year

Please Note: ICHP supports the CPE Monitor Project - a national, collaborative effort by ACPE and the National Association of Boards of Pharmacy (NABP) to provide an electronic system for pharmacists and pharmacy technicians to track their completed continuing pharmacy education (CPE) credits.

If you plan on obtaining CPE credit through any ICHP programming, we strongly encourage you to provide your NABP e-Profile ID# and Birthday (as MMDD). Your NABP e-Profile ID is now required to receive CPE credit.

Visit www.mycpemonitor.net for more information about CPE Monitor and how to obtain your NABP e-Profile ID. You will be asked for your NABP e-Profile ID information on the final screen of your ICHP membership application.

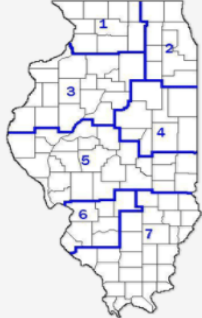
[Next >](#)

3. Under **Local Affiliate**, select “2. Northern Illinois Society”.
Complete the fields that are starred and ignore the fields that are not starred.

* Required Fields

* Local Affiliate ICHP membership includes local affiliate membership in:
2. Northern Illinois Society ▼

Membership in the Illinois Council of Health-System Pharmacists (ICHP) automatically entitles you to membership in your local affiliate. The ICHP has local affiliates throughout the state. To serve the needs of its membership and to foster communication, the local affiliates serve as regional conduits to the Council. Each affiliate has elected officers and offers continuing education programs convenient to the local membership.



Salutation **Please Choose...** ▼

* First Name

Middle Initial

* Last Name

* Address I

Address 2

* City

* State **Illinois** ▼ * Zip/Postal Code

Phone
555-555-5555

Fax
555-555-5555

* Email
email@address.com

Gender Male Female

* Birth Date
MM / DD / YYYY

Next >

4.

- If you have a pharmacy-related job, under **Position or Title**, enter your job title (i.e. “Pharmacy Technician”). Otherwise type in “none”.
- Same step for **Company**. If you do not work, type in “none”.
- Enter your **Company Address** if you have one. Otherwise type in “none”.
- Enter your **Email**. For **College**, enter: “UIC College of Pharmacy” and your anticipated graduation date (i.e. for P2s: enter 05/01/2020)
- For **Credentials/Degree**, you can put any degrees you have prior to pharmacy school
- For **Residency Program Site**, put “none” since you are all students.

My Work Information

* Required Fields

* Position or Title	<input type="text"/>	If not applicable please enter "none"
* Company	<input type="text"/>	If not applicable please enter "none"
* Address 1	<input type="text"/>	
Address 2	<input type="text"/>	
* City	<input type="text"/>	
* State	Illinois ▼	* Zip/Postal Code <input type="text"/>
Phone	<input type="text"/>	555-555-5555
Fax	<input type="text"/>	555-555-5555
* Email	<input type="text"/>	email@address.com
* College	<input type="text"/>	If not applicable please enter none
* Graduation Date	<input type="text"/>	MM / DD / YYYY - This is your Pharmacy Degree graduation date (actual or anticipated).
* Credentials/Degree	<input type="text"/>	If not applicable please enter none
* Residency Program Site	<input type="text"/>	If not applicable please enter none

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5. If you want to purchase a subscription to all of ICHP's news journal, check the box above **Next**. Your fee will go up by \$30.00. Otherwise, just hit **next** after this section.

NABP e-Profile ID Information

ICHP supports the CPE Monitor Project - a national, collaborative effort by ACPE and the National Association of Boards of Pharmacy (NABP) to provide an electronic system for pharmacists and pharmacy technicians to track their completed continuing pharmacy education (CPE) credits.

If you plan on obtaining CPE credit through any ICHP programming, we strongly encourage you to provide your NABP e-Profile ID# and Birthday (as MMDD). An NABP ID is not required at this time to receive CPE credit, but once full national implementation occurs, it will be required.

Visit www.ichpnet.org/cpemonitor for more information about CPE Monitor and how to obtain your NABP e-Profile ID. You will be asked for your NABP ID information on the final screen of your ICHP membership application. Although optional at this time, we encourage you to set up your NABP ID now.

NABP e-Profile ID	<input type="text"/>
Confirm NABP e-Profile ID	<input type="text"/>
NABP - Date of Birth	0101 <small>Please enter the date of birth in the format MMDD</small>
Confirm NABP - Date of Birth	<input type="text"/> <small>Please enter the date of birth in the format MMDD</small>
Do you wish to be excluded from mailing lists advertised for sale?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Preferred Mailing Address	<input checked="" type="radio"/> Home <input type="radio"/> Work
Have you been referred to ICHP by a current member? Please enter your recruiter's name and / or Member ID number below.	
Recruiter Name	<input type="text"/>
Recruiter Member ID #	<input type="text"/>

ATTENTION: ICHP has gone digital with the *KeePosted* newsjournal. Your membership includes free online access to all issues (10 per year). You may purchase a print subscription for \$30.00 a year.

- YES, I want a print subscription of the *KeePosted* mailed to me. I understand that these issues will be printed by the ICHP office.

[Next >](#)

6. Create a **Username** and **Password**. I suggest using your email as your username for remembering stuff. Complete the **Security Question** and the **Security Answer**. Then click **next**.

About Your Membership

* Required Fields

* Username	<input type="text"/>
* Password	<input type="password"/> <small>At least six characters long</small>
* Confirm Password	<input type="password"/> <small>At least six characters long</small>
* Security Question	Please Choose... ▼
* Security Answer	<input type="text"/>

7. Complete the payment. Click **Checkout!** You will need to enter your debit/credit card information. After this, you're done and go get an empanada.

ABOUT US	MEMBERS	EVENTS	PHARMACY PRACTICE	RESOURCES
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Shopping Cart

My Cart

Student Membership	1	Years	@ \$20.00 each	\$20.00
			Items Total	\$20.00
Coupon code <input type="text"/> <small>Enter any special promotion or Double Dose code here</small>			<input type="button" value="Update Cart"/>	Total \$20.00

or...

Use the PayPal Express checkout

The safer, easier way to pay