Neurocritical Care Society

**Pharmacy Committee**

INVITED CLINICAL PHARMACIST (ICP) PROGRAM

*Conditions*

The Pharmacy Committee of the Neurocritical Care Society (NCS) has established guidelines and financial support for an Invited Clinical Pharmacist (ICP) Program. In addition, the committee will be responsible for its development, administration, implementation, and continued improvement of this program.

*Purpose*

The purpose of the NCS ICP Program is to promote and increase neurocritical care pharmacy practice. During a 1-2 day program, the invited clinical pharmacist will be expected to interact with pharmacy practitioners, attend rounds and provide a guest lecture. Additional activities should be proposed by the inviting site.

##### Eligibility

**Inviting Site**

Any current NCS member may apply for the program on behalf of their medical center or university. They should not have received the award in the previous three years. The inviting institution is responsible for securing any permission for the ICP faculty to participate in any activity involving patient care (e.g., HIPPA waivers, etc.).

Invited Clinical Professor

The ICP must be a current member of NCS pharmacy committee who is recognized for their outstanding clinical practice and/or teaching. To be recognized as outstanding, the ICP should have evidence of advancing the practice of critical care medicine, with a particular emphasis in neurocritical care. Below are the list of qualifications. The FNCS committee of NCS will review the applications and select the most qualified candidate based on the needs of the inviting institution. The designated ICP should not have been selected in the previous two years.

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| Qualifications for ICP Candidates |
| Must have Post Graduate (PGY2) training in critical care or equivalent critical care experience  |
| Must have at least 5 years of experience in neuro ICU |
| Must have leadership experience within NCS (FNCS members are preferred but not required) |
| Must have at least 3 years of experience in a teaching/academic/community-based hospital |
| Must be board certified in pharmacotherapy or critical care pharmacotherapy  |
| Must have at least 3 publications in neuro ICU topics |

Alternatively, the inviting site may request a specific ICP, whose credentials will then be reviewed for eligibility by the Pharmacy Committee.

###### Time

The visit will be a minimum of one business day and is not expected to be greater than two days.

*Application*

**Process for Application**

All application materials must be e-mailed or post-marked by **November 30, 2018**

**Award Selection and Notification**

The application will be reviewed by the FNC committee of Pharmacy Committee of NCS. If accepted, the inviting site will be notified by email.

The ICP Program award is subject to available funds.

*Funding and Reimbursement*

The ICP will be provided financial support to offset the expense of travel, lodging, and food. The total cost reimbursed for each ICP site visit should not exceed $2,000 and is subject to adjustments. Funding is meant to offset the expenses of the ICP and will not be provided to the applicant or their institution. Up to two proposals may be supported during each budget cycle, based on available funds.

In regards to travel accommodations, the ICP has the option to either personally schedule his/her flight and then submit for reimbursement following the site visit or utilize the NCS travel agency. For more information on arranging your flight through NCS, please contact NCS at info **info@neurocriticalcare.org****.**

In order for the ICP to be reimbursed for travel, lodging, and food expenses, all original receipts must be submitted to **info@neurocriticalcare.org****.**

*Experience Obligations*

**Inviting Site**

Pre-Experience

1. Complete and submit the ICP Program application online (link on NCS website)
2. Include an updated copy of your curriculum vitae.
3. Include a letter of support from a Pharmacy Director, Department Chair, or an ICU Director.
4. Provide a proposed itinerary for the ICP.

 Post-Experience

1. Within two weeks of the completed visit, provide a written description of your experience (maximum of one page) to Salia Farrokh, PharmD, BCCCP at sfarrok1@jhmi.edu. This may be developed into an article for *Currents*.
2. The inviting NCS pharmacist member may be asked to present their experience at a subsequent NCS Annual Meeting during a pharmacy-related event.

**Invited Clinical Pharmacist**

Post-Experience

1. The ICP may be asked to present their experience at a subsequent Annual Meeting.

**Application for the Invited Clinical Pharmacist**

(Deadline: November 30, 2018)

To be completed by the inviting site:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NCS ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anticipated dates of Invited Clinical Pharmacist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Area of Assistance Requested*

Please provide a brief description of an area of neurocritical care practice that you would like assistance with at your institution:

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*Request for Specific Invited Clinical Pharmacist (optional)*

Please identify individuals that would best meet your requirements for an Invited Clinical Pharmacist. Final selection will be made by the FNCS Committee of NCS.

1st choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about the ICP Program?**

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*Description of the Invited Clinical Pharmacist Program*

Provide a description of why your site should be chosen for this program. Include person(s) who will meet with the Invited Clinical Pharmacist, the title and expected audience of the invited lecture, a description of the current patient care rounds and expectation for the Invited Clinical Pharmacist, and any other activities proposed by the site. Please attach a proposed itinerary on a separate page. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Complete the application online. Submit the following via e-mail to** **info@neurocriticalcare.org**

1. **Updated curriculum vitae**
2. **Letter of support**
3. **Proposed itinerary**