

## CAPPNet Pharmacist Registration Form

Thank you for your interest in CAPPNet. To join, please complete the registration form. The information will help us to communicate with you and to describe CAPPNet membership. Membership is free.

### CAPPNet Overview

CAPPNet is a voluntary organization of pharmacists committed to advancing pharmacy practice and improving patient medication use, clinical care and health outcomes. The members will participate in research addressing pharmacy practice and health care models with an emphasis on the value of the pharmacist as a key member of the interprofessional healthcare team.

### Return your form to:

*CAPPNet  
Center for the Advancement of  
Pharmacy Practice  
University of Kentucky  
College of Pharmacy*

*292-E BPC, 789 S Limestone  
Lexington, KY 40536-0596  
Phone: 859-218-0229  
Fax: 859-323-0069*

*E-mail: CAPPNet@lsn.uky.edu*



## Registration Form

To register on-line visit: <https://redcap.rdmc.org/redcap/surveys/?s=kcwJUE> or complete this form and return it by e-mail, fax or mail

Name: \_\_\_\_\_  
Practice Site: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
County of Pharmacy Practice: \_\_\_\_\_

Education (please list professional degrees and residency programs, and dates completed)

Degree/Residency: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Degree/Residency: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Gender:  Male  Female

Type of Practice:

- Ambulatory Care Clinic Practice
- Chain Community Practice
- Hospital Practice
- Independent Community Practice
- Long-Term Care Consultant Practice
- Other

PIC/Director of Pharmacy: \_\_\_\_\_

Do you have Broadband Internet access from your practice computer(s)?

- Yes  No  Unsure

How do you maintain patient records in your practice?

- Exclusively electronic  
 Use both paper and electronic records

What are your interests that might relate to future collaborative research?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The UK Center for Clinical and Translational Science (CCTS) is interested in linking health care professionals and researchers for projects of mutual interest. May we share your contact information from this form with the UK CCTS leadership?

- Yes you may share my contact information with the CCTS  
 No do not share my contact information with the CCTS