**ACCP Pediatrics PRN Journal Club Application**

Email completed applications to Elizabeth Goswami esincla1@jhmi.edu with the subject: Pediatric PRN Journal Club Application

**Requirements:**

1. **Applicant must be in post-graduate training (residency or fellowship).**
2. **Applicant must be a member of the ACCP Pediatrics PRN.**
3. **Journal Club article must be published within the last 12 months.**

**Applicant Name**:

**Applicant Email Address:**

**Current Residency/Fellowship:**

[ ]  **PGY1 Pharmacy Residency – Name:**

[ ]  **PGY2 Pediatric Pharmacy Residency – Name:**

[ ]  **Fellowship – Name:**

**Journal Club Mentor Name:**

**Journal Club Mentor Email Address:**

**Journal Club Mentor Relationship to Applicant:**

[ ]  **Residency/Fellowship Program Director**

[ ]  **Residency/Fellowship Preceptor**

[ ]  **Other (describe):**

**Proposed Journal Club Citation:**

**Describe why you chose this Journal Club article and how it affects pediatric clinical pharmacy practice (500 words or less):**