



APPLICANT PATIENT ENCOUNTER LOG FOR THE USPHS NATIONAL CLINICAL PHARMACY SPECIALIST CERTIFICATION

Applicant Name: _____

Collaborating Physician or Clinic Coordinator Name: _____

Facility Name: _____

Note: All patient encounters must be within 12 months of application submission date. Each encounter must include at least two diagnoses, or one diagnosis and one preventative health intervention.

Encounter	Date	Diagnoses addressed at this encounter
Example 1	1/4/2021	DM, HTN, COPD, immunization
Example 2	1/5/2021	Chronic low back pain, BPH, tobacco cessation
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NATIONAL CLINICAL PHARMACY SPECIALIST CERTIFICATION

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Applicant Signature

Date

Signature of the collaborating physician or clinic coordinator

Date

Signature of the pharmacy director/chief pharmacist or
regional chief pharmacist

Date