



Academic Detailing Program Application

Detailer Information

First Name *Last Name*

Address *Apt. No.*

City *State* *Zip Code* *Phone Number*

Email Address *Pharmacist License Number*

Travel Information

1. How many packets are you willing to receive on a monthly basis?

- 3 - 5 6 - 8 9 - 10 10 or more

2. How far are you willing to travel given your zip code?

- 10 miles 40 miles
- 20 miles 50 miles
- 30 miles 60 or more miles

3. What cities not indicated in your zip code radius are you willing to travel (optional)?

- a. _____ d. _____
- b. _____ e. _____
- c. _____ f. _____

In addition to the application, you must submit your resume or curriculum vitae to Eric Liu, director of professional affairs at EricL@MichiganPharmacists.org.

MPA and Magellan Health will make its selections based upon your submission, availability and regional requirements. Once approved, MPA will mail you an open-ended contract, which can be terminated at any time with written notice to EricL@MichiganPharmacists.org.

