



# Clinical Detailing Program Application

## Detailer Information

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Address Apt. No.

\_\_\_\_\_  
State Zip Code Phone Number

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

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

3. What cities not indicated above are you willing to travel (optional)?

- a. \_\_\_\_\_ d. \_\_\_\_\_
- b. \_\_\_\_\_ e. \_\_\_\_\_
- c. \_\_\_\_\_ f. \_\_\_\_\_

*In addition to the application, you must submit your resume/curriculum vitae. to: Eric Liu, Pharm.D., M.B.A., MPA director of professional affairs, Michigan Pharmacists Association, 408 Kalamazoo Plaza, Lansing, MI 48933. 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.*