How to Create Your School Account in the P&T Competition Portal

- A. Go to <a href="https://pt.amcpfoundation.org/">https://pt.amcpfoundation.org/</a>
- B. You should be greeted by the following screen. Click on the "Register" button on the right.

| Annual National Student Pharmacist<br><b>P</b> & <b>T COMPETITION</b><br>HELD DURING AMCP ANNUAL EACH SPRING  | Foundation  |
|---|---|
|   |   |
| AMCP Foundation 2025 National Student Pharmacist P&T Competition  | HOW TO ENTER  |
| Welcome to the 2025 AMCP Foundation National P&T Competition!   | First time visitor? Use the "Register   |
| Please create <u>one</u> account for your pharmacy school/college using the "First Time Visitor/Register" information to the right.<br>The account should be created using the contact information for your school's Student Competition Coordinator.     | registration, use the "Login"<br>and start your online app                          |
| You will use this same account to upload your single team entry to the National P&T Competition judging portal. Entries to the national competition must be uploaded in this portal <b>no later than</b> 11:59 pm <b>EST</b> on Monday, January 20, 2025. | Register  |
| Each pharmacy school/college may submit only <u>one</u> entry (i.e., enter only <u>one</u> team) to the national competition.   | Returning visitor? Use the "Log in"<br>button and start your online<br>application. |
| Thank You to Our Sponsor!   | Log In  |

[NOTE: If the system informs you that an account already exists, return to this screen and log in under "Returning visitor?" with that account information. Then follow the instructions for "How to Register Your School's Intention to Compete."]

C. You should be taken to a screen that looks like this:

| ← Home  | CONTACT US                      |
|---|---------------------------------|
| Create Your School Account  | Academy of Managed Care Pharmac |
|   | Foundation                      |
| o create the account for your pharmacy school/college, please complete the fields below using the contact information for your  | AMCP Foundation                 |
| chool's student Competition Coordinator. Required information is marked with an asterisk.                                       | 220                             |
|   | Alexandria, Virginia 22314      |
| he email address for the student Competition Coordinator <u>must</u> be a school-issued email address with a .edu domain (e.g., | Phone: 703-684-2600             |
| ame@school.edu). This email address will be the username for the account.   | Technical Support:              |
|   | support@rhythmq.com             |
| Registration Details  | Competition Info:               |
|   | PT@amcpfoundation.org           |
|   |                                 |
| Login Profile   |                                 |
| Email (must be a EDI I domain)*   |                                 |

Enter the requested information. The account should be created using the name and email address for your school's student Competition Coordinator.

Note that the email address for the student Competition Coordinator <u>must</u> be a school-issued email address with a .edu domain (e.g., <u>name@school.edu</u>). This will become the username for the account.

| L | ogin Profile                  |  |
|---|-------------------------------|--|
| E | nail (must be a .EDU domain)* |  |
|   | Enter email                   |  |
| P | ssword*                       |  |
|   | Enter password                |  |
| C | nfirm Password*               |  |
|   | Enter password                |  |

D. Check the reCAPTCHA box and click "Submit."



E. You should see a message like the one below after you click "Submit."



## How to Register Your School's Intention to Compete

1. Log in by using the button on the registration confirmation screen (see "E" on page 3) or returning to the main portal (<u>https://pt.amcpfoundation.org</u>) and clicking on the "Log in" button on the right.

| Annual National Student Pharmacist<br><b>P&amp;TCOMPETITION</b><br>HELD DURING AMCP ANNUAL EACH SPRING  | AMCP<br>Foundation                |
|---|-----------------------------------|
|   |                                   |
| AMCP Foundation 2025 National Student Pharmacist P&T Competition  |                                   |
|   | HOW TO ENTER                      |
| Welcome to the 2025 AMCP Foundation National P&T Competition!   | button. Once you submit your      |
| Please create one account for your pharmacy school/college using the "First Time Visitor/Register" information to the right.  | registration, use the "Log in" bu |
| The account should be created using the contact information for your school's Student Competition Coordinator.  | and start your online application |
| You will use this same account to upload your single team entry to the National P&T Competition judging portal. Entries to the national competition must be uploaded in this portal <b>no later than</b> 11:59 pm <b>EST</b> on Monday, January 20, 2025. | Register                          |
| Each pharmacy school/college may submit only <b>one</b> entry (i.e., enter only <b>one</b> team) to the national competition.   | Returning visitor? Use the g in"  |
| · · · · · · · · · · · · · · · · · · ·   | application.                      |
| Thank You to Our Sponsor!   | Log In                            |
|   | Forgot Password?                  |

2. You should see the following pop-up screen:



Log in using the email address and password for your Competition Coordinator (i.e., the information you supplied when you created your school account).

3. You will be taken to a "My Registrations" screen. In the "Select" dropdown, choose the option "Intention to Compete" (it should be the only option) and click "Create."



4. You will be taken to a "Provide Information for Key Contacts" screen.

Note that there are four tabs: School, Competition Coordinator, Chapter President, and Faculty Advisor(s).



5. On the "School" tab, select the name of your pharmacy school/college from the dropdown list that will appear when you click in the box.

|            |  | School                        |                                 | 1 |
|------------|--|-------------------------------|---------------------------------|---|
|            |  |                               |                                 |   |
| VERY IM    | PORTANT!   |                               |                                 |   |
| To genera  | To generate your school's Team ID, you must click on one of the "Save Work in Progress" buttons (above or below  |                               |                                 |   |
| Team ID    | this box) after selecting your pharmacy school/college from the dropdown link and before moving to the next tab. The Team ID will be included in the confirmation email you receive at the end of the registration process |                               |                                 |   |
|            |  |                               |                                 |   |
| Pharmac    | y School/College*  |                               |                                 |   |
| Select     |  |                               |                                 |   |
| Click on ( | one of the "Save Work in Progress'   | ' buttons (above or below) be | efore you move to the next tab! |   |
|            |  |                               | ,                               |   |
|            |  |                               |                                 |   |
|            |  |                               |                                 |   |



 You <u>must</u> click on *either* of the "Save Work in Progress" buttons after you select your school, before moving to the next tab, so the portal will generate your Team ID.

| School   | Competition Coordinator   | Chapter President  | Advisor(s)  |                                  |
|--|---|--|---|----------------------------------|
|  |   | School   |   | Ne                               |
| To generat<br>this box) a<br>Team ID w<br>Pharmacy | te your school's Team ID, you mus<br>fter selecting your pharmacy scho<br>rill be included in the confirmation<br>School/College* | st click on one of the "Save<br>bol/college from the dropdow<br>email you receive at the end | Work in Progress" buttons (al<br>n link and before moving to th<br>l of the registration process. | bove or below<br>e next tab. The |
| Select   |   |  |   |                                  |
|  |   |  |   |                                  |

The Team ID generated by the portal will be included in the confirmation email you receive at the end of the registration process 7. Click over to the "Competition Coordinator" tab to enter the required information for the Student Competition Coordinator. **Note that the information used to create the school account** will already prepopulate this form.

| Previous                | Co             | ompetition Coo | rdinator |  |
|-------------------------|----------------|----------------|----------|--|
| Student Competitio      | on Coordinator |                |          |  |
| First name*             |                |                |          |  |
| Cynthia                 |                |                |          |  |
| Last name*              |                |                |          |  |
| Knapp Dlugosz           |                |                |          |  |
| Phone (including area o | :ode)*         |                |          |  |
| 703-684-2600            |                |                |          |  |
| Email address*          |                |                |          |  |
| PT@amcpfoundation.c     | org            |                |          |  |
|                         |                |                |          |  |

8. Click over to the "Chapter President" tab. Answer the question, "Does this school have an AMCP Student Pharmacist Chapter?"



If you answer "No," you will move on to the Faculty Advisor(s) tab.

If you answer "Yes," the following option will appear, asking if the AMCP Student Pharmacist Chapter President also serves as the Competition Coordinator:



9. If you answer "No" in step 9 — i.e., if your Chapter President is a different person than your Competition Coordinator — provide the contact information for the Chapter President in the space provided.

| Does this school have an AMCP Student Pharmacist Chapter?* <ul> <li>Yes</li> <li>No</li> </ul> <li>Is the AMCP Student Pharmacist Chapter President the same as the Competition Coordinator?* <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>Contact Information First name*ast name*</li> |
|---|
| Yes O No   Is the AMCP Student Pharmacist Chapter President the same as the Competition Coordinator?*   Yes O No   Contact Information  First name*   |
| Is the AMCP Student Pharmacist Chapter President the same as the Competition Coordinator?*  Ves No  Contact Information  First name*  |
| Ves No Contact Information First name*ast name*   |
| Contact Information First name* _ast name*  |
| First name*<br>_ast name*   |
| Last name*  |
|   |
| Phone (including area code)*  |
| Email address*  |
|   |

10. Click over to the "Faculty Advisors" tab and enter the required information for your primary competition advisor.

In the dropdown, indicate whether your primary advisor is: Also the Faculty Advisor for your AMCP Student Pharmacist Chapter. • A different faculty member at your pharmacy school/college. ٠ Not a faculty member at your pharmacy school/college. • School 🗸 Competition Coordinator 🗸 Chapter President 🗸 Advisor(s) Advisor(s) Previous **Primary Advisor** The primary advisor is:\* Select First Namo\*

11. Continue entering the required information for your primary competition advisor.

12. Indicate the total number of competition advisors at the bottom of this tab (select "0" if you have only one advisor).

|           | Additional Advisors                    |
|-----------|--|
| $\langle$ | Specify number of additional advisors* |

If you have more than one competition advisor, the tab will expand to offer additional spaces to enter contact information for additional advisors.

| Additional Advisors                    |  |
|--|--|
| Specify number of additional advisors* |  |
|  |  |
| Additional Advisor 1                   |  |
| Specify advisor type*                  |  |
| O Faculty Member                       |  |
| O Non-Faculty Member                   |  |
| First Name*                            |  |

13. When you have finished entering all required information on the School, Competition Coordinator, Chapter President, and Faculty Advisor(s) tabs, click on "Submit FINAL Registration."

| Additional Advi     | sors                  |                           |
|---------------------|-----------------------|---------------------------|
| Specify number of a | additional advisors*  |                           |
| Previous            |                       |                           |
|                     | Save Work in Progress | Submit FINAL Registration |

14. If you neglected to provide any required information, the system will let you know. You will see a notice like this and be taken to the screen with the missing information.



15. If you have successfully entered all required information, you will see a confirmation pop-up, and the "Progress" bar in the Summary box on the right-hand side of the screen will turn green :



16. The Competition Coordinator also should receive an email confirmation with text similar to this:

| P&T Competition Intention to Compete Confirmation   |   |
|---|---|
| P&T Competition   | 🙂 🥎 Reply 🖏 Reply all 🤿 Forward 🖽 🚥   |
| To: PT Competition  | Tue 9/17/2024 10:10 PM  |
| Cc: PT Competition  |   |
| External Message: Do not click on links, open attachments, o  | or reply unless you know the content is safe.   |
| Congratulations! You have successfully registered the intention of ZZ National P&T Competition.   | <b>CAMCP Foundation</b> to participate in the 2025 AMCP Foundation  |
| Your Team ID is 25001. The Team ID is used to conceal the identity your P&T Competition submissions as instructed in this year's Case   | of teams from judges. You will need to incorporate the Team ID into Study and Team Assignments document.  |
| If you have not already done so, please download your registration a <b>attention to the email addresses.</b> If you discover any errors, make returning to the appropriate screen. Be sure to select the "Submit FIN | nd review the submitted contact information <i>carefully</i> . <b>Pay special</b> the needed corrections by selecting the pencil icon under "Actions" and VAL Registration" option to save the changes in the system. |
| $\leftarrow Reply \qquad \iff Reply all \qquad \overrightarrow{} Forward$   |   |

## \*\*IMPORTANT! This email assigns your 5-digit Team ID for the 2025 National P&T Competition\*\*

| PC P&T Competition<br>To: PT Competition<br>Cc: PT Competition   |   |
|--|---|
| External Message: Description of the click on links, op<br>Congratulations! You as successfully registered<br>National P&T Comparison. | een attachments, or reply unless you know the content is safe.<br>ed the intention of ZZ AMCP Foundation to participate in the 2025 AMCP Foundation |
| Your Team ID is 25001. The Team ID is used to  | conceal the identity of teams from judges. You will need to incorporate the Team ID into I in this year's Case Study and Team Assignments document. |
| If you have not already done so, please downloa  | Id your registration and review the submitted contact information <i>carefully</i> . <b>Pay special</b>   |

Save this email message and/or record this number and keep it safe.

You will need to incorporate this number into the materials your school enters into the national competition.

## **Please Check Your Work!**

After you have submitted your registration for the 2025 National P&T Competition, we urge you to **download a copy of the information and check it** *carefully*. Please pay special attention to names and email addresses. If any of this information is incorrect, you risk not receiving important P&T Competition materials.

You can download your registration information by selecting the "My Dashboard" option near the top of the screen. You will be taken to "My Registrations"; select the "Download" button.



If you discover any errors, you can fix them by selecting the "Edit" button.

| Annual National Student Pha macist<br>P & T COMPETITION<br>HELD DURING AMCP ANNU EACH SPRING  | Foundatio   |
|---|---|
| <ul> <li>My Registrations</li> <li>When you select "Intention to Compete" from the dropdown below and clice screens that enable you to register your school's intention to compete in the Competition.</li> <li>Registering your intention to compete is a required step that adds your school and ensures access to important confidential competition materials.</li> <li>Select &lt; Create</li> </ul> | CONTACT US<br>Academy of Managed Care<br>Pharmacy Foundation<br>AMCP Foundation<br>675 North Washington Street, Suite<br>220<br>Alexandria, Virginia 22314<br>Phone: 703-684-2600<br>Technical Support:<br>support@rhythmq.com<br>Competition Info: |
| Team ID# 🕈 Registration Name 🔅 Close Date 🔅 Status 🔅 Ann 🔅  | PT@amcpfoundation.org   |
| 25001 Intention to Compete Nov 22, 2024 FINAL Edit Download Withdraw  |   |

When you are finished making changes, be sure to click on "Submit FINAL Registration" again.