



American Pharmacists Association™

Improving medication use. Advancing patient care.

Certificate of Achievement Reprint Request

Please fill out this form completely to expedite the re-issuing of your Certificate of Achievement. A check in the amount of **\$25** payable to the American Pharmacists Association should be included with this form and sent to ATTN: **Misty L. Robling, 2215 Constitution Avenue NW, Washington, DC 20037**. The Certificate of Achievement will be sent to you within 4-6 weeks from request receipt.

Date Requested: _____

Participant Information:

Name: _____

Current Address: _____

Phone Number: _____ **Maiden Name (if applicable):** _____

Email Address: _____

Program Information:

(Please be as specific as possible, certificates are filed under program, NOT participant)

Program Name (check one): Pharmacy-Based Immunization Delivery
 Pharmaceutical Care for Patients with Diabetes
 Pharmacy-Based Lipid Management
 OTC Advisor
 Medication Therapy Management

Date of Program: _____

Organization you took the program with: _____

City, State of Program: _____

If you want a CE Statement sent through the mail please contact the Education Program Assistant at 800-237-2742 ex. 7592.