The programs listed below are Certificate Programs, which means they are not a “certification”. If you still require a statement of verification, please:

* Email a signed release from individual for whom you wish to verify
	+ We cannot verify without the signed release
* Provide the program information of the APhA program the individual attended
* **$25 Administrative Fee** is required for each verification
* If sending a check, form must be filled out completely and legibly
* A working email address is **required**
* **Length of time of processing request**
* If sending a check, a response email will be sent 48 hours from the date *received* in lockbox

**Check:** Make payable to **American Pharmacists Association -** $25 PER Verification Request

Send request with all information completed below, a signed release, as well as check, to the following lockbox:

American Pharmacists Association

PO Box 931411

Atlanta, GA 31193-1411

**Credit Card Payment:** Contact us at 202 628 4410 OR at Education@aphanet.org

NOTE: APhA uses your information below to verify that we are processing the request for the correct individual. The name may be the same/similar to other individuals in our system.

**Participant Information All Information Required** – Items left blank could delay your request

**Name:**

First Name Middle Name/Initial Family/Last Name

**Other Names Used** (any former or present names used, including nicknames)

**Mailing Address**

**Program Information All Information Required** – Items left blank could delay your request

**(Please be as specific as possible)**

Program Name (check one): 🞎 Pharmacy-Based Immunization Delivery

 🞎 Diabetes Certificate Training Program

🞎 Pharmacy-Based Travel Health Services

 🞎 Pharmacy-Based Immunization Administration by Pharmacy Technicians

 🞎 Medication Therapy Management Certificate Training Program

Date of Program: (educated guess if necessary)

Organization which Hosted the APhA Program:

Location (city/state) of Program: