American Pharmacists Association - *Advanced Training Programs*

Instructions to Request a Certificate of Achievement to be Reissued

American Pharmacists Association™
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APhA

The Certificate of Achievement looks like a certificate & has the logo of the Advanced Training program you attended. It is not a Transcript of CPE or Statement of Credit. Though there is no expiration date, the pharmacist should maintain current continuing professional development in the area of their training.

If you need your certificate reissued, please follow the directions below:

1. **Complete the *Certificate of Achievement Reissue Request*** form on next page
   - **$25 Fee** is required if program was completed more than a year ago
   - Form must be filled out completely and legibly
   - Provide a working email address
   - **Name Change?** Certificate will be issued in the name that it originally was issued. If a name change is wanted for a certificate please see below
2. **Fax or mail** the completed form (information on request form)
   - Due to the volume of requests, allow 2 weeks for processing from the date received in office. We process requests in the order in which they are received in our office. There cannot be any exceptions.
   - There is no agreement with any organization requiring this certificate in which the fee is waived.
3. **Within 2 weeks, you will be notified by email from** InfoCenter@aphanet.org
   - If there are any questions in order to process your request
   - Once the request is processed and your certificate has been uploaded to your APhA profile
   - To provide you with:
     - Your username
     - Directions to download the certificate
   - NOTE: Certificates will NOT be mailed or faxed. There cannot be any exceptions.
4. **Once Request is Processed - Print -** You will need a printer to print your certificate

Name Change

If your name has changed and you want your current name on the actual certificate, then you will need to upload the legal documentation that shows both the former name and the current name (no driver's license). To upload, please follow the instructions below:

1) **Log into** your account on www.pharmacist.com
2) Click **My Account** in the upper right hand corner (Beside Welcome Back....)
3) Under **Demographics**, click on **Biography and Attachments**
4) Scroll down and click on the appropriate button
5) Name of document should not have any special characters (i.e. period, dash, space, etc)

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Certificate of Achievement Reissue Request

Send Request to:
By Mail: American Pharmacists Association
Attn: Education
PO Box 411
Annapolis Junction, MD 20701-0411

By Fax: 240.554.2367 (secured)

Check: Make payable to **American Pharmacists Association**

Credit Card: Visa ☐ MasterCard ☐ Discover ☐ American Express ☐

Card Number _____ Expiration Date _____

Billing Address _____

Name on Card _____ Zip Code of Billing Address _____

Program Information

All Information Required – Items left blank could delay your request

Program Name (check one):

☐ Pharmacy-Based Immunization Delivery
☐ Diabetes Certificate Training Program
☐ Medication Therapy Management Certificate Training Program
☐ Pharmacy-Based Cardiovascular Risk Assessment
☐ Pharmacy-Based Travel Health Services
☐ Pharmacy-Based Lipid Management

Date of Program: (educated guess if necessary) _____

Organization which Hosted the APhA Program: _____

Location (city/state) of Program: _____

Participant Information

All Information Required – Items left blank could delay your request

Your certificate will be issued in the name that it originally was issued. If a name change is wanted for a certificate, please upload a copy of your legal documentation to your APhA Profile and notate on this request form (i.e. court document, not driver's license). If over a year, there is still a $25 fee.

Name: _____
First Name Middle Name/Initial Family/Last Name

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

Florida Pharmacists Only: PS _____ **Current Phone Number** _____
Florida Pharmacist License Number

City/State in which You Work, Live or Went to School (include present and past) This data is useful when there are multiple accounts

_____
City / Cities State / States

Current / Working Email Address _____

All Previous Email Addresses
(including student pharmacist email – if applicable) _____

For APhA's Use Only: CoA Verified ☐ Payment ☐ Update File ☐ Upload CoA ☐ Contact Customer ☐