



# 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. If it has been a year since the date of the program you attended, please include a check made payable to the American Pharmacists Association for a reprint fee of \$25 and send to **ATTN: Misty L. Knack, 2215 Constitution Avenue NW, Washington, DC 20037**. The Certificate of Achievement will be sent to you within 2 weeks from the date it is received in the office.

Today's Date: \_\_\_\_\_

### Participant Information:

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ **Maiden Name (if applicable):** \_\_\_\_\_

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

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### 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: (Due to the amount of requests received, we will not be able to provide this over the phone before you send this form) \_\_\_\_\_

Organization which hosted the APhA program: \_\_\_\_\_

City, State of Program: \_\_\_\_\_

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