

Continuing Pharmacy Education Registration Form

AACP is pleased to offer continuing education credits to pharmacists for selected courses from the Smiles for Life: A National Oral Health Curriculum. In order to claim continuing education credits, you must complete the below questionnaire and submit your completed form along with your certificate(s) of completion to: cpd@aacp.org. This form and certificate(s) must be received no later than **60 days post-completion of the course**. Smiles for Life Courses 1-6, and 8 are certified for CPE credits.

First Name: _____

Middle Initial: _____

Last Name: _____

Suffix: _____

Email: _____

Please select Profession(s):

- Pharmacist
- Community/Retail Pharmacist
- Faculty
- Health-System/Hospital Pharmacist
- Other
- Student Pharmacist

Date of Birth (in MMDD format): _____

NABP ID Number: _____

Company Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

ZIP/Postal Code: _____

Phone Number: _____