



Skaggs School of Pharmacy at The University of Montana

Statement of Credit Reprint Request

Please fill out this form *completely* to expedite the re-issuing of your Statement of Credit. A processing fee of \$10 will be applied. For each additional Statement of Credit, add \$5.

Please include a check payable to The University of Montana and mail, fax, or email it ATTN: ACPE Program Assistant to:

Skaggs School of Pharmacy or pharmacy.ce@umontana.edu
32 Campus Drive #1522 fax 406.243.4353
Missoula, MT 59812-1522

Or send credit card information: Visa___ MasterCard ___

Card number _____ Expiration Date _____

The statement of credit will be mailed to you within 2-3 weeks from request receipt.

Date Requested: _____

Participant Information:

Name: _____

Current Address: _____

Phone Number: _____ Previous Name (if applicable): _____

Email Address: _____

Date of Program: _____

Name of Program: _____

City/location where Program Occurred: _____

Were you a Student Pharmacist when you received this training? Yes No

Are you a Pharmacist _____ Technician _____ Other _____

I am requesting a reprint of: **CE Statement of credit** Certificate of Achievement

Comments: _____

Date request received _____

Date Issued: _____