



APhA

AMERICAN PHARMACISTS ASSOCIATION
Improving medication use. Advancing patient care.

Certificate Reissue Request

If you completed an APhA certificate training program at any time in the past, APhA has the record of your completion. DO NOT *create* an account on www.pharmacist.com to “find” your certificate. If you have completed an APhA training program, it will be reflected on an existing account, not on any new account. If you do not know or remember your account information, our Customer Service Team will gladly help you – please be prepared with the **Program** Information below when contacting them by phone or email.

The Certificate of Achievement looks like a certificate & has APhA’s CEO’s signature. It is not a Transcript of CPE or Statement of Credit. Though there is no expiration date, the pharmacist is responsible for maintaining current continuing professional development in the area of their training.

If you need your certificate reissued, please read the following:

- ❖ **You will need to provide the program information of the APhA program you attended**
 - ❖ Be prepared to answer questions on next page
 - ❖ **\$25 Reissue Fee** is required for each certificate that is reissued
 - ❖ If sending in a check, form must be filled out completely and legibly and mailed
 - ❖ A working email address is **required**
 - ❖ **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
 - ❖ There is no agreement with any organization requiring this certificate in which the fee is waived.
- ❖ **Length of time of processing request**
 - ❖ If sending a check, the certificate will be uploaded to your account within 48 hours from the date *received* in lockbox. Requests are processed in the order in which they are received. There cannot be any exceptions.
 - ❖ If calling in request, the certificate will be uploaded to your account by close of business
- ❖ **Once request is processed** – It will be uploaded to your APhA profile under **My Account, Demographics, Biography and Attachments**. You will then be able to download at any time. You will need a printer to print your certificate.

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:

- Name Change**
- 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)

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



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Check: Make payable to **American Pharmacists Association - \$25 PER Certificate Reissue Request**
Send request with all information completed below, as well as check, to the following lockbox:

American Pharmacists Association
PO Box 931411
Atlanta, GA 31193-1411

NOTE: Do Not send credit card information in email or on fax. This is a security issue.

Credit Card Payment: Contact us at 800-237-2742, Education@aphanet.org, OR Fax 1.844.390.3782

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

Program Information This is the information that is needed for us to process your request – so please be prepared with this information when contacting APhA. If sending in a check: All Information Required – Items left blank could delay your request

- Program (select all that apply):
- 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)

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