

**Minnesota Board of Pharmacy
2829 University Avenue SE #530
Minneapolis, MN 55414-3251**

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Fax: (612) 617-2262

**CERTIFICATION OF COMPLETION OF PHARMACIST CONTINUING EDUCATION FOR
10/1/2014 THROUGH 9/30/2016**

(This form must be returned to the Board of Pharmacy by September 30, 2016, unless an extension has been requested and approved.)

Name: _____

License #: _____

Address: _____

I understand I that need to complete _____ hours of continuing education for the CE period of October 1, 2014 to September 30, 2016.

By signing and dating this certification form I verify that:

1. I have completed my required continuing education hours.
2. I have written documentation of completion for all programs I am using to fulfill my CE obligation.
3. I understand that if I am audited and do not have certificates of completion from program providers or copies of approval letters from the MN Board of Pharmacy that are dated prior to the date below, I may be subject to disciplinary action by the Board.

If I return this form without signing or dating it, I understand that it will be returned to me for completion. I further understand that license renewal applications will not be sent to those pharmacists who do not return this form.

PHARMACIST SIGNATURE

DATE

Please complete this form, print it out, sign and date it and return to the Minnesota Board of Pharmacy.

PLEASE DO NOT SUBMIT CERTIFICATES OR PROOF OF CE CREDITS UNLESS AND UNTIL YOU ARE AUDITED AND ASKED TO PROVIDE THEM. At this point we only need this sheet.