ST. JOHN'S UNIVERSITY College of Pharmacy and Health Sciences

VERIFICATION OF CONTINUING EDUCATION PARTICIPATION

IMPORTANT: Each attendee wishing to receive CE credit must <u>print</u> all information requested below and return this form to the sponsor <u>before</u> leaving the meeting. This will assure prompt and accurate issuance of your continuing education credit.

| NABP II | O# DD DD (not your license #; not | your Social Security #) | Birtho | | nth Day |
|--|---|--|-------------------------|--|--|
| Name First) | | | | | (not the year) MI |
| (Last) | | | | | |
| Home Address | | | | | |
| City | | | Sta | ate Zip Cod | |
| Home Phone () States Licensed In: | | Business Phon E-mail: | | | |
| Pharmacy Practice (plea Community Hospital Other Institutional Industrial | use check all that apply): Managed Care Home Care Consulting | ☐ Long Term ☐ Pharmacy Technician ☐ Other Health Care Pr | | ☐ SJU Precept ☐ SJU Faculty ☐ SJU Student ☐ SJU Alum | |
| Current Position | | | | | |
| Employer | | | | | |
| Program Date You Attended | | | tact Hours ned Today | | |
| (| | nents are no longer mai CPE Monitor within six | | | |
| * I certify that the abo | ove information is corre | | | | |
| OFFICE USE: | | Pa | rticipant's Sigr | nature | |

Update on Adjuvant Analgesics in Advanced Illness October 6, 2016