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

VERIFICATION OF CONTINUING EDUCATION PARTICIPATION

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

NABP ID# ☐☐☐☐☐☐__ Birthday ☐☐ ☐☐

(not your license #; not your Social Security #) **Month Day** (*not the year)*

Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐

(First) MI

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(Last)

Home Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐ ☐☐☐☐☐

City State Zip Code

Home Phone (_____) _____ **Business Phone** (_____) _____
States Licensed In: _____**E-mail**:_____

Pharmacy Practice (please check all that apply):

☐ **Community**	☐ **Managed Care**	☐ **Long Term**	☐ **SJU Preceptor**
☐ **Hospital**	☐ **Home Care**	☐ **Pharmacy Technician**	☐ **SJU Faculty**
☐ **Other Institutional**	☐ **Consulting**	☐ **Other Health Care Professional**	☐ **SJU Student**
☐ **Industrial**			☐ **SJU Alum**

Current Position ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Employer ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Program Date You Attended _____ **CE Contact Hours You Earned Today**_____

Please note: statements are no longer mailed to participants.
Credit will be posted to CPE Monitor within six weeks after the seminar.

*** I certify that the above information is correct:** _____
Participant's Signature

OFFICE USE:
PARTICIPATION # _____

Palliative Sedation: Medical, Ethical, and Legal Issues
January 19, 2017