

Pharmacology Continuing Education Report Form

Licensee Name	Area of Practice (e.g., family, mental health, or pediatric)
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List and total your continuing education (CE) hours below and attach copies of your certificates. Attach additional pages if you need more space. Highlight the RX CE on your certificates for faster processing.

Program Title	RX CE Hours	Date Completed
Total RX CE Hours		

I have attached the required documentation that verifies my fulfillment of 30 CE hours in pharmacology.

Signature: _____ Date: _____