

NORTH DAKOTA STATE BOARD OF PHARMACY CONTINUING PHARMACEUTICAL  
EDUCATION RECORDING FORM

Maintain your Continuing Pharmaceutical records for a minimum of 2 years

Program Date	ACPE Program No.	Program Title	Provider	CE Hours
<b>Total</b>				

Tech Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Reg. No. \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT MAIL CE Certificates to the Board of Pharmacy Office unless REQUESTED**