



Certificate of Achievement Reprint Request

Please fill out this form *completely* to expedite the re-issuing of your Certificate of Completion. A processing fee of \$15 for WSPA members and \$25 Non-WSPA members will apply. For a second certificate, add another \$5.

Please include a check payable to the Washington State Pharmacy Association and mail it to:

WSPA
411 Williams Ave S
Renton, WA 98057

Or send credit card information: Visa_ MasterCard _ Discover_ AmExpr_3 digit security code: __

Card number_____ Expiration Date_____

The Certificate of Completion will be sent to you within 2-3 weeks from when we received the request.

Date Requested: _____

Participant Information:

Name: _____

Current Address: _____

Phone Number: _____ Maiden Name (if applicable): _____

Email Address: _____

Date of Program: _____

Name of Program: _____

City and State where Program Occurred: _____

Were you a Student Pharmacist when you received this training? Yes No

Date Sent: _____