

# APPLICATION FOR PHARMACIST LICENSURE REINSTATEMENT

## ATTACHMENT 2

### VACCINE CERTIFICATION RENEWAL FORM

Please print clearly in ink or type in upper case letters only.

NAME	DATE	LICENSE NUMBER

#### CPR Certification

A Current CPR Certification card is required. Please attach a copy of the CPR card (front and back) to this application.

Copy of CPR Card attached to this application?	YES	NO
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#### Continuing Education Credit Hours (CEs)

The four (4) hours needed to renew your Vaccine Certification may count towards the 30 total CEs required to renew your license.

CE Topic	CE Program Name	ACPE Number	# of Credits	Date

I affirm under penalty or perjury, that the information I have given on this record is true and correct to the best of my knowledge and belief.

Applicant's Signature:	
Date:	