ExCPT®
Exam for the Certification of Pharmacy Technicians

C.E. Documentation Form

This form should only be completed if the program provider does not provide a Certificate of Participation.

Certified Pharmacy Technicians may earn up to a maximum of 10 CEU's for approved seminars, workshops, conferences, presentations, in-service programs, or self-study articles using this form. Certified Technicians must complete a separate form for each training program. Approval may be denied if documentation is insufficient or if the educational content does not meet ICPT criteria. The requesting technician will be notified if ICPT does not approve the number of CEU's requested. The supervising pharmacist (or other facilitator) must sign this Continuing Education Form verifying completion of the training.

Instructions

- Complete all information requested.
- The summary should describe how the program/activity relates to the work of the Certified Pharmacy Technician.
- A minimum of two learning objectives must be shown.
- One form must be completed for each Certified Pharmacy Technician and for each project.
- This form may be reproduced but each must have an original signature from the supervising pharmacist.
- Please submit all questions regarding the use of this form to the Institute for the Certification of Pharmacy Technicians, 2535 S. Old Highway 94, Suite 224, St. Charles, MO 63303, or contact us online at www.nationaltechexam.org.
- Do not send this form to ICPT unless requested.

PLEASE PRINT OR TYPE

Certified Pharmacy Technician Name: _____

ExCPT Certification #: _____

Date of Program Completion:_____Requested CE Hours: _____

Program Topic/Title	
Employer/Provider	
Topic Summary	
Learning Objectives (list at least two)	Upon completion of this training, the participant should be able to: 1. 2. 3 4.

I certify that the above named individual has successfully completed the training as described on this form.

Pharmacist/Facilitator's Name:_____License #: _____/_____
(Please print or type) (State)

Pharmacist/Facilitator's Signature: _____Date:_____