

**Enrollment Form**

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| First Name (required) |  | | |
| Last Name (required) |  | | |
| e-mail address (required) |  | | |
| Secondary e-mail address |  | | |
| NABP ePID# (required) |  | | |
| DOB (MM/DD) (required) |  | | |
| Address1 |  | | |
| Address 2 |  | | |
| City |  | | |
| State |  | | |
| Country if not USA |  | | |
| Zip Code |  | | |
| Pharmacist Licensed in | State | | RPh No. |
| If you are Licensed in Florida? | Y  N | | FL#       (required if Yes) |
| Are you a BCNP? | Y  N | | BCNP No. |
| Volume Number(s): |  | | |
| Subscriptions are $165 per volume. Single lessons also available, you can find pricing on our website. Subscriptions are for individual use only and may not be transferred. **All subscriptions must be prepaid.** You will be notified by email of access information when enrollmentis processed. Credit card payment is accepted for a additional fee of $5 (see website for details) pharmacyce.unm.edu | | | |
| Mail this completed form and payment to:  Continuing Pharmacy Education Office  Attention: Christina Munoz  College of Pharmacy  The University of New Mexico  MSC09-5360  1 University of New Mexico  Albuquerque, NM 87131-0001  Phone: 505-272-3125  Email: [radiopharmacyce@salud.unm.edu](mailto:radiopharmacyce@salud.unm.edu) | | **Note:** If a third party sponsors your subscription, this enrollment form must be routed through that organization for approval prior to enrollment.  *OFFICIAL USE ONLY*  Company:  Approved by: ­  Date | |