

**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 OfficeAttention: Christina MunozCollege of PharmacyThe University of New MexicoMSC09-53601 University of New MexicoAlbuquerque, NM 87131-0001Phone: 505-272-3125Email: 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 |