

**Bureau of Professional and Occupational Affairs
Pennsylvania State Board of Pharmacy**

**VERIFICATION OF OPIOID EDUCATION COMPLETED AS PART
OF AN ACPE-ACCREDITED SCHOOL OF PHARMACY'S
PHARM.D. OR B.S. IN PHARMACY PROGRAM (#854 148)**

APPLICANT INFORMATION

NAME:	Last	First	Middle
OTHER NAME(S):			
DATE OF BIRTH :		LAST 4 DIGITS OF SSN:	
ADDRESS:			
CITY / STATE / ZIP:			

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION-ACCREDITED SCHOOL OF PHARMACY INFORMATION

NAME OF PHARMACY SCHOOL:			
ADDRESS:			
CITY, STATE, ZIP:			
PHONE NUMBER:			
PRINT NAME OF PHARMACY SCHOOL DEAN/REGISTRAR:			
EMAIL ADDRESS OF PHARMACY SCHOOL:			

The following information must be completed by the pharmacy school dean/registrar and must verify that the applicant successfully completed at least 2 hours of education in pain management or the identification of addiction and 2 hours of education in the practices of prescribing or dispensing of opioids as part of their ACPE-accredited Pharm.D. or B.S. in Pharmacy program. Note: ACPE is the Accreditation Council for Pharmacy Education.

I hereby certify that the above listed applicant successfully completed 2 hours of education in pain management or the identification of addiction and 2 hours of education in the practices of prescribing or dispensing of opioids as part of their ACPE-accredited Pharm.D. or B.S. in Pharmacy program on ____/____/____.
Month Day Year

I verify that the above statements are true and correct as validated by my review of the applicant's records. I verify that the information communicated on this form is true and correct to the best of my knowledge, information and belief. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

Original Signature of Pharmacy School Dean/Registrar:		Date:	Month	Day	Year
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THE SCHOOL MUST DIRECTLY SUBMIT THE ORIGINAL FORM TO:

Mailing Address:

State Board of Pharmacy
PO Box 2649
Harrisburg, PA 17105

Courier Address (FedEx, UPS):

PA Dept of State, Bureau of Professional and Occupational Affairs
Attn: State Board of Pharmacy
2 Technology Park
Harrisburg, PA 17110-2919