New Jersey Office of the Attorney General  
Division of Consumer Affairs  
Board of Pharmacy  
124 Halsey Street, 6th Floor, Newark, NJ 07102  
(973) 504-6450

Request by Pharmacist for Approval of a non-A.C.P.E. Program  
For Continuing Education Credit

The fee required for review is **$10.00 per program or course**. Complete and submit the form below with the required fee, a copy of the certificate of completion, and a copy of the course brochure or advertisement which should include a listing of the speakers, the topics presented and the length of the program.

Please print or type **CLEARLY**.

Pharmacist’s Name:  
__________________________________________________________________________________  
Last  
First  
Middle

Street Address  
City  
State  
ZIP Code

Telephone number: ___________________________  
E-mail address: ________________________________  
(Include area code)

Pharmacist License 28RI0

Course/Program Title:  
_________________________________________________________________________________

Location: ___________________________  
Date(s): ___________________________  
Time: ___________________________

Sponsor:  
_________________________________________________________________________________

Type of program or course:  
☐ Home Study/Journal Article  
☐ Seminar/ Conference  
☐ Teleconference  
☐ Other (Specify) ___________________________

Attach:  
1) The certificate of attendance or completion; and  
2) A copy of the program or course brochure including a listing of the speakers, the topics presented and the length of the program.

Signature:  
_________________________________________________________________________________
