To expedite the search of your verification request, please:

1. Fill out this form **completely** and **legibly**.
2. Attach written release from person for whom you wish to verify
   * We cannot process without a written release
3. **Fee:** $25 non-refundable fee per person being verified
   * 1 request per page. Print document as needed for additional verifications
4. Email Request to [education@aphanet.org](mailto:education@aphanet.org)
5. Please allow 10-14 days for turnaround

**Payment Information**

**Credit Card**: Visa MasterCard Discover American Express

Card Number Expiration Date Security Code

Name on Card Zip Code of Billing Address

Verification Company Name: Phone Number

Address: (include city/state/zip)

E-mail address (if you wish to receive confirmation via e-mail)

**Participant Information All Information Required** – Items left blank could delay your request

**Name:**

First Name Middle Name/Initial Family/Last Name

**Other Names Used** (any former or present names used, including nicknames)

**Mailing Address**

**Program Information All Information Required** – Items left blank could delay your request

**(Please be as specific as possible**

Program Name (check one): 🞎 Pharmacy-Based Immunization Delivery

🞎 Diabetes Certificate Training Program

🞎 Pharmacy-Based Travel Health Services

🞎 Pharmacy-Based Cardiovascular Risk Assessment

🞎 Medication Therapy Management Certificate Training Program

Date of Program: (educated guess if necessary)

Organization which Hosted the APhA Program:

Location (city/state) of Program: