

# CE Statement of Credit Reprint Request



*What sets SCPhA apart is what keeps pharmacists ahead*



**Fax to: (888)302-6675**

Questions: Phone: (800) 864-3699 Email: [jtorbert@scrx.org](mailto:jtorbert@scrx.org)  
or mail to SCPhA, 1350 Browning Road, Columbia, SC 29210

Date of Program	ACPE # (if known)	Presenter's Name
Name of Program		City and County of Program Presentation

Name:

Address:

City, State, Zip:

Phone number (w):

Phone number (h):

Fax number:

Email:

---

If you are not an SCPhA member, reprints of CE Statements of Credit are \$15.00. This form must be accompanied by a check, money order or you may complete the credit card information in the space below. All requests are handled each Friday following the receipt of this form.

Credit Card: \_\_\_ Visa \_\_\_ MC \_\_\_ AMEX \_\_\_ Discover

Credit Card #: \_\_\_\_\_

Exp. Date \_\_\_\_\_