

**Pharmacist and Pharmacy Technician  
Continuing Education  
Worksheet (Page 1)**

**For Renewal Period of \_\_\_\_\_ through \_\_\_\_\_**

<u>Name of Program</u>	<u>ACPE ID Number</u>	<u>Completion Date</u>	<u>Hours</u>
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**Pharmacist and Pharmacy Technician**

**Continuing Education**

**Worksheet (Continued – Page 2)**

**For Renewal Period of \_\_\_\_\_ through \_\_\_\_\_**

Name of Program

ACPE ID Number

Completion Date

Hours


**Pharmacist and Pharmacy Technician  
Continuing Education**

**Worksheet (Continued – Page 3)**

**For Renewal Period of \_\_\_\_\_ through \_\_\_\_\_**

<u>Name of Program</u>	<u>ACPE ID Number</u>	<u>Completion Date</u>	<u>Hours</u>

***TOTAL PAGE 3:*** \_\_\_\_\_

<b>CALCULATE YOUR TOTAL CE HOURS</b>	
<i><b>Page 1 total:</b></i> _____	
+	
<i><b>Page 2 total:</b></i> _____	
+	
<i><b>Page 3 total:</b></i> _____	
 <i><b>GRAND TOTAL:</b></i> _____	