

Continuing Professional Development for Pharmacists

University of Saskatchewan

Registration Form for nc_cpdp_01:Prescriptive Authority – Level I Basics

Please print legibly.

Name:	Maiden name (if applicable):
First / Middle / Last (All required for NSID creation)	
Work*	Residential*
Address:	Address:
Number and Street Name	Number and Street Name
City and Province	City and Province
Postal Code	Postal Code
Phone:	Phone:
SCP#:	Email*:
Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth* (d/m/yr):
University NSID:	

*If you do not have an University NSID all above information must completed.

This program has been accredited for 5.0 CEU.

Cost of Course → \$100 + GST = \$105

Method of Payment

- By Cheque (Please make cheque payable to CPDP) Mail to: address on website home page
- Visa MC _____ Expiry _____

Signature of cardholder _____

Please fax the completed registration form to CPDP at 306-966-6377.