



**IV CERTIFICATION
REGISTRATION FORM**
Pharmacy Technicians &
Pharmacy Technician Trainees

Approved by: ACPE #156-999-09-100-C04-T **** 4.0 CEU, 40.0 Hours The Texas Society of Health-System Pharmacists

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

E-MAIL ADDRESS: _____

HOME #: _____ **CELL #:** _____ **WORK #:** _____

SOCIAL SECURITY #(OPTIONAL): _____

CLASS DATE: _____

Credit Card Payment: Call (281) 447-4200, ask for Barbara

Money Order & Cashier's Check Payment – Complete this registration form and mail with your payment to:

Kaduceus
Attn: IV Cert Class Registration
P.O. Box 672573
Houston, Texas 77267