



STATEMENT OF CREDIT

The Postgraduate Institute for Medicine confirms that

[first name] [middle name] [last name], [degree]

has participated in the educational activity titled

[activity title]

[activity date]

The Postgraduate Institute for Medicine designates this continuing education

activity for [hours] contact hour(s) ([number of ceus] CEUs) of the

Accreditation Council for Pharmacy Education.

Universal Activity Number - [universal activity number]

Activity Type: Application



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, Postgraduate Institute for Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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This is not an official statement of credit. Transcript information will be sent to the NABP CPE Monitor Service within 4 weeks. To receive your official statement of credit you must go to your NABP e-profile to print an individual statement of credit or a transcript.

Date certificate issued: [activity date]