



NABP

National Association of
Boards of Pharmacy

* Indicates a Required Field. Please Print.

Personal Information													
Prefix:	<input type="radio"/> Dr	<input type="radio"/> Miss	<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Ms	<input type="radio"/> Sir	* Gender:	<input type="radio"/> Male	<input type="radio"/> Female				
* First Name:							* Date of Birth:	MM / DD / YYYY					
Middle Name:							Maiden Name:						
* Last Name:							Suffix:	<input type="radio"/> Jr	<input type="radio"/> Sr	<input type="radio"/> II	<input type="radio"/> III	<input type="radio"/> IV	<input type="radio"/> V

Contact Information			Your E-mail Address is Your User Name
* Address Type:	<input type="radio"/> Home	<input type="radio"/> Business	* E-mail Address:
* Address Line 1:			* Primary Phone Number: () -
Address Line 2:			Alternate Phone Number: () -
* City:			Fax Phone Number: () -
* State:	* Zip:	* Country: <input type="radio"/> USA	<input type="radio"/> Other: PLEASE SPECIFY

Non-United States Pharmacist Waiver and Release Form of the National Association of Boards of Pharmacy

I wish to apply for a National Association of Boards of Pharmacy® (NABP®) e-Profile ID number for purposes of registering or completing continuing pharmacy education (CPE) courses offered by providers accredited by the Accreditation Council for Pharmacy Education (ACPE). The e-Profile ID is required to ensure proper reporting of CPE information for persons subject to pharmacy regulation within the United States; however, I declare that I am not subject to and I do not currently plan to become subject to pharmacy regulation in the United States and, further, I do not hold a pharmacist, pharmacy technician, pharmacy intern, or other pharmacy professional license or registration issued by any state in the United States.

NABP is willing to provide me an e-Profile ID number for my convenience upon completion, submission, and processing of this Waiver Form.

I understand that because I declared that I am not currently subject to United States pharmacy regulatory requirements, some of the services offered under the CPE Monitor service may not be applicable and/or offered to me even if I am issued an e-Profile ID number. I waive and forever release any obligation or liability of NABP, its employees, staff, officers, directors, and affiliates in connection with the e-Profile ID number, CPE information, and CPE Monitor services that may be issued, maintained, or provided to me.

I further understand and agree to notify NABP immediately upon becoming subject to, pharmacy regulatory requirements in the United States, as additional requirements, including CPE Monitor service requirements, will apply to me at that time.

I understand that this waiver and release was made under applicable US federal and state law.

I acknowledge that NABP will not provide the e-Profile ID number unless I document my agreement with the terms and conditions of this Waiver by signing below.

I certify that the information that I provided and declared in this waiver and release form is true, accurate, and complete. It is my responsibility to notify NABP of any changes in the information provided

<input type="radio"/>	Yes, I agree with the terms and conditions of this Waiver and Release of the National Association of Boards of Pharmacy (NABP).
Signature _____	
Name _____	Date _____

Return completed form to NABP via facsimile to 847/391-4400, or via e-mail to help@nabp.pharmacy. You will receive an email with a link to create your e-Profile password.