Virginia Department of Health Professions
Board of Pharmacy

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Continuing Education (CE) Credit Form for Volunteer Practice

To be completed by pharmacist/pharmacy technician and contact person at local health department or free clinic. Maintain completed form with your personal CE records for three years. Do not submit completed form to the board unless notification is received regarding a CE audit.

Pharmacists: Up to two hours of the 15 hours of CE required for annual renewal may be satisfied through delivery of pharmacy services as a pharmacist, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

Pharmacy Technicians: Up to one hour of the 5 hours of CE required for annual renewal may be satisfied through delivery of pharmacy services as a pharmacy technician, without compensation, to low-income individuals receiving health services through a local health department of a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

Name of pharmacist/pharmacy technician			License/registration number
Street address			Area code and telephone number
City	State	Zip code	Email address

Facility where CE credit was obtained		Permit number (if applicable)
Street address		Area code and telephone number
City	State	Zip code

Date of service	Number of hours of service	Number of CE hours credited

Name of contact person at local health department or free clinic: _____

By affixing my signature, I affirm this individual provided the declared hours of service at this location.

Signature: _____ **Date:** _____