



Community Pharmacy Anticoagulation Management Service (CPAMS) Certification Expiry

To PSNZ Education, Professional Development and Training,

I, (full name) _____,

PSNZ Membership No. _____ am aware that my Community Pharmacy Anticoagulation Management Service Certification has now expired. I wish to inform PSNZ Education that I will not be completing the CPAMS recertification course.

The reason for not completing the course is (tick the appropriate answer):

- ☐ I am no longer working at a CPAMS Pharmacy and am working at a Pharmacy who does not provide CPAMS
- ☐ I am no longer working in a Community Pharmacy role
- ☐ I have moved overseas
- ☐ I am currently not working
- ☐ Other, please explain:

I am aware I can no longer provide the Community Pharmacy Anticoagulation Management Service and that I will need to undertake another training course to provide this service in the future. I am aware I am required to contact PSNZ Education to undergo the appropriate training to provide this service again.

Signature: _____

Date: _____

Please return the signed form to:

Pharmaceutical Society of New Zealand Inc.
Education, Professional Development AND Training
PO Box 11640
Manners Street
Wellington 6142