

CPAMS TRAINING - LEARNING OPTION 1 REGISTRATION FORM



Please note the following regarding training for the CPAMS Service:

• CPAMS Learning Option 1 for established pharmacies – includes completion of Online sections of the course AND successful completion of onsite training with an experienced supervising CPAMS pharmacist.

This option is for pharmacists working at CPAMS contracted pharmacies who:

- have regularly had >20 CPAMS patients over the previous 12 months;
- have CPAMS Accredited pharmacists with >12 months regular CPAMS experience directly prior to becoming the supervising pharmacist (who are willing to be the supervising pharmacist)

By enrolling in this course option you are agreeing that you and your pharmacy comply with the above criteria. Criteria will be checked.

Learning Option1 - Online and Onsite Training

| District Health Board: | | |
|------------------------|-----------------|--|
| Pharmacy Name: | | |
| Pharmacist Name: | | |
| Email Address: | Phone (wk): | |
| PSNZ Member No: | Council Reg No: | |

FEE: \$270.00 per person (PSNZ Member) or \$810.00 per person (Non-Member)

(GST inclusive) - payment required upon registration (Fee includes: Online Course materials and accreditation).

□ I have paid by online banking/direct credit. Date paid: _____

Account details: 01-0509-0001989-00 – Pharmaceutical Society of NZ (please note change in bank account) (Please ensure you use your **PSNZ Membership No** & "**CPAMSL01**" as reference codes)

□ Please charge my Mastercard / Visa (please circle) **Amount \$270.00 / \$810.00** (please circle) For security reasons, please <u>do not</u> email your credit card information to us. Please phone through any credit card details. Card

| Number: | | | | | | | | | | | | | | | ExpiryDate:/ |
|------------------|--|--|--|--|--|--|--|--|--|------|------|------|--|--|--------------|
| Name on Card:Sig | | | | | | | | | | Sign | atur | e: _ | | | |
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Enrolments to: Pharmaceutical Society of NZ, PO Box 11640, Manners Street, Wellington 6142 Tel: 048020030 Email: education@psnz.org.nz

Please email enrolment form to education@psnz.org.nz