

Application for “NAPE Certificate of Currency for MMR accreditation”

First Name:			
Surname:			
Address:			
Workplace:			
Email address:			
Phone number:			
Mobile phone number:			
SHPA Member:	YES	NO	Number:
AHPRA registration number:			
NAPE course completed:		MONASH UNIVERSITY MASTER OF CLINICAL PHARMACY	
		MONASH UNIVERSITY MASTER OF PHARMACY PRACTICE	
		THE UNIVERSITY OF QUEENSLAND MASTER OF CLINICAL PHARMACY	
		UNIVERSITY OF SOUTH AUSTRALIA MASTER OF CLINICAL PHARMACY	
Year completed:			
Evidence attached:		CERTIFIED COPY OF TRANSCRIPT	
		CERTIFIED COPY OF CLINCAT	
		CLINCAT EVALUATOR NAMED ON SHPA WEBSITE or CERTIFIED EVIDENCE OF TRAINED EVALUATOR	
		RECENT CV	
		CPD RECORD FOR CURRENT YEAR TO DATE PLUS FULL PREVIOUS YEAR	
		SIGNED MEDICATION MANAGEMENT DOCUMENTS FOR 8 PATIENTS	