

Application for Michigan Pharmacists Association Pharmacy Technician Continuing Education Credit for FEMA Incident Command Training

Name of Participant: _____

E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

I affirm via my signature that I have completed the online FEMA Incident Command training as indicated below.

FEMA Incident Command Program completed:

- IS-100.HCb – Introduction to the Incident Command System for Healthcare/Hospitals
<http://training.fema.gov/EMIWeb/IS/is100HCb.asp>

**Program must be completed between Oct. 14, 2011, and Oct. 13, 2012,
to be eligible for continuing education credit.**

Please complete this form and mail **with a copy of the FEMA certificate** indicating successful completion of any/all of the programs listed above to the following address:

Michigan Pharmacists Association

Attn: Greg Pratt, R.Ph.

408 Kalamazoo Plaza

Lansing, MI 48933

Do not write below this line.

(After review, this page will be returned to you in approximately 4-6 weeks)

Continuing education credits approved as presented

Pharmacy Technician Continuing Education (PTCE) Program Number: _____

Hours Approved: _____ Date Approved: _____

Date of Actual Program Completion: _____

Application Reviewed By: _____