

# BCPP Preparatory and Recertification Product Order Form

Registration also available online at [cpnp.org/bcpp](http://cpnp.org/bcpp)



## Registration for BCPP Examination Review and Recertification Course:

- This course is provided as a home-study program.
- The no credit purchase option is recommended for those preparing for the BCPP examination. Registrants receive the workbook and online access to speaker presentations but no ACPE or recertification credit.
- The for credit purchase option provides registrants with online access to speaker presentations, the workbook and access to the Recertification testing center. Successful completion of the examination provides registrants with 20.0 contact hours of ACPE and Recertification credit.



## Registration for BCPP Recertification Literature Analysis Includes:

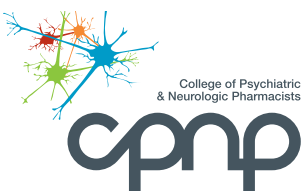
- Access to the Recertification testing center.
- The workbook containing the required readings or links to the required readings needed to prepare for the online examination.
- 10.0 contact hours of ACPE and Recertification credit achieved by successfully completing the online CPNP recertification examination.



## Registration for BCPP Recertification Live Programming Includes:

- Access to the Recertification testing center.
- Online access to the speaker presentations.
- 5.0 contact hours of ACPE and Recertification credit achieved by successfully completing the online CPNP recertification examination.
- Note: Programming may be taken live at the CPNP Annual Meeting or as an online home-study program. Both methods require completion of the required online examination.
- Note: Registrants pursuing recertification credit via the live programming must also be registered for the CPNP Annual Meeting either as full or partial registrants (if attending select days).

Shipments of the Review Course and Literature Analysis products within the US are made via USPS media mail with anticipated delivery within 5-10 business days. For quick ship (2-3 business days) or international shipments, payment of extra shipping fees is required.



College of Psychiatric & Neurologic Pharmacists (CPNP)  
8055 O Street, Ste S113  
Lincoln, NE 68510  
(402) 476-1677 phone  
(888) 551-7617 fax  
Email: [info@cpnp.org](mailto:info@cpnp.org)  
Website: [cpnp.org](http://cpnp.org)

## Registrant Information: (Please complete all fields.)

Name: \_\_\_\_\_

Degrees/Certifications: \_\_\_\_\_

BCPP # (If Applicable): \_\_\_\_\_

NABP/CPE Monitor # \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Preferred Mailing Address:  Work  Home

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Country/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

*(CPNP does not sell email addresses-required to confirm your purchase)*

## CPNP BCPP Recertification & Review Purchases

	Member	Non-Member
BCPP Examination Review and Recertification Course No Credit	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150

**Workbook and Online Presentations Included**  
*(No ACPE or BCPP credit)*

BCPP Examination Review and Recertification Course For Credit	<input type="checkbox"/> \$320	<input type="checkbox"/> \$480
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**Workbook and Online Presentations Included**  
*(20.0 contact hours of ACPE and BCPP credit)*

BCPP Literature Analysis	<input type="checkbox"/> \$160	<input type="checkbox"/> \$250
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*(10.0 contact hours of ACPE and BCPP credit)*

BCPP Live Programming	<input type="checkbox"/> \$80	<input type="checkbox"/> \$130
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*(5.0 contact hours of ACPE and BCPP credit)*

## Payment

BCPP Examination Review & Recert Course \$ \_\_\_\_\_

BCPP Literature Analysis \$ \_\_\_\_\_

BCPP Live Programming \$ \_\_\_\_\_

Quick Ship within US \$ \_\_\_\_\_

*(Add \$15 for 3 day delivery of Review Course and \$5 for Literature Analysis)*

Quick Ship Internationally \$ \_\_\_\_\_

*(Add \$40 for Review Course and \$15 for Literature Analysis)*

**TOTAL** \$ \_\_\_\_\_

Check or Money Order payable to CPNP is attached

*(Check must be drawn on a US bank in US funds.)*

Charge (US Dollars)

Mastercard  Visa  American Express

Account #:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ CVV Code: \_\_\_\_

Name on Card: *(Please Print)* \_\_\_\_\_

Billing Address: *(Please Print)* \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_