



New Jersey Office of the Attorney General

Division of Consumer Affairs

Board of Pharmacy

124 Halsey Street, 6th Floor, P.O. Box 45013

Newark, New Jersey 07101

(973) 504-6450

Self-administered Hormonal Contraceptives Affirmation

I, _____, hereby affirm that I have completed at least 4 credit hours of ACPE- approved training relating to self-administered hormonal contraceptives, and will follow pertinent guidelines offered by the federal Centers for Disease Control and Prevention, including the United States Medical Eligibility Criteria for Contraceptive Use.

Pharmacist Signature: _____

Pharmacist License Number: _____

Date: _____

Name of pharmacy where employed: _____

Pharmacy license number: 28RS _____

Pharmacy street address: _____

Pharmacy city: _____

Pharmacy zip code: _____