



Health Research Associates
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The Combat Methamphetamine Epidemic Act of 2005

There is a new requirement prescribed for all pharmacists who staff Retail Pharmacy Shifts to complete Familiarization and Training in ***The Combat Methamphetamine Epidemic Act of 2005***. You should certify that you have completed this training prior to working in a retail pharmacy shift. The effective date of this requirement is September 30, 2006, and our clients require us to certify that you have completed this training prior to staffing relief shifts; therefore it is important for you to complete this training IMMEDIATELY, and send an acknowledgement to Health Research Associates.

Along with this notification you should have received a training package which consists of a 20 page training course which should take only 10-15 minutes to complete. If you did not receive a copy of this training document, you may download a copy from our website, <http://www.rphprnusa.com> If you have already taken this training through another place of employment, you need only certify that to us, and send the certification to Pharmacy Resources Network as directed below.

When you complete the Training, please complete the acknowledgement below, and send this entire page to our business office at: 866.225.3430 (toll free fax) or scan and attach this acknowledgement to an e-mail message addressed to sallye@rphprnusa.com or you may send it via mail to Health Research Associates, PO Box 1233, Kennesaw, GA 30156.

(If you have a certificate of completion from another place of employment, please attach and send it with this document.)

ACKNOWLEDGEMENT OF COMPLETION OF TRAINING FOR *The Combat Methamphetamine Epidemic Act of 2005*

I acknowledge that I have completed training and understand my obligations under The Combat Methamphetamine Epidemic Act of 2005, by completing the Drug Enforcement Agency Training Course provided to me by Health Research Associates, OR I have completed an approved training course in The Combat Methamphetamine Epidemic Act of 2005 through another Retail Pharmacy provider.

Signature _____ Date _____

Name (PRINTED) _____

2006-09