



Department of Consumer & Business Services

Division of Financial Regulation — 3 P.O.

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Phone: 503-947-7981 Fax: 503-378-4351

Email: DFR.PharmaSalesRep@dcbs.oregon.gov
http://dfr.oregon.gov

**PSR Continuing Education
Credit Request for an
Unregistered Course**

Submit complete form via email to DFR.PharmaSalesRep@dcbs.oregon.gov.

Allow 30 to 60 days for credit approval.

Pharmaceutical sales representative requesting credit:

Name _____ National Producer Number (NPN) _____

Mailing address _____ Phone _____

City _____ State _____ ZIP _____ Email _____

Course title (description): _____

Date of course: _____ Start time: _____ End time: _____

Credit hours requested: _____ Course approved for: Ethics Pharmaceutical CE

I affirm that I attended the above course and completed the portions I certify.

Pharmaceutical sales representative Name (typed or printed) _____
Pharmaceutical sales representative signature _____

Submit the application no later than the 180th day after the date of completion of the course.

Enclosures necessary for review of this course:

- 1. Proof of attendance provided by the provider of the course.

DIVISION USE ONLY
 Course registered for _____ continuing education hours. Course number: _____
 Course does **not** meet the requirements for continuing education.
Comments:

By _____ Date _____
Division of Financial Regulation

