



**COMMISSION FOR  
CERTIFICATION IN GERIATRIC PHARMACY**

**DECLARATION OF CERTIFIED GERIATRIC PHARMACIST**

The undersigned, being a pharmacist duly and appropriately certified by the Commission for Certification of Geriatric Pharmacy (the "Commission") and being the holder of the Credential relating thereto (the "Credential") issued by the Commission, and being thereby entitled to all of the rights and privileges pertaining to such certification and the Credential, hereby affirms and acknowledges as follows:

- 1.) Use and Display of the Credential. The undersigned affirms and acknowledges that the Credential shall be used or displayed by the undersigned only during such time periods as the undersigned is a member in good standing of the Commission for Certification in Geriatric Pharmacy which shall include, without limitation, the undersigned's full and timely payment of all dues and fees.
- 2.) Requirement of Recertification. Should the undersigned elect, at any point in time, to decline to participate in a recertification as required by the Commission, then the undersigned shall thereupon be precluded from using or displaying the Credential.
- 3.) Revocation of the Credential. Should any of the information provided by, or on behalf of, the undersigned in connection with the certification or recertification of the undersigned's eligibility as a holder of the Credential be materially misleading, or omit to state material facts, then the Commission shall be entitled to cancel the undersigned's certification and to revoke the Credential upon written notice to the undersigned at which point the undersigned shall have no further right to use or display the Credential.

Affirmed and acknowledged:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Certified Geriatric Pharmacist

Dated: \_\_\_\_\_

Mail to Commission Address or FAX to: 703-739-1500