

Login/Registration Page

Create a new NABP e-Profile:

**NABP**
NATIONAL ASSOCIATION OF
BOARDS OF PHARMACY

NABP E-PROFILE 

[Help](#)

Announcement: Welcome to NABP's new user registration process. This new process creates a comprehensive e-Profile, which enables you to have one login for all the NABP programs and services you will need throughout your career as a pharmacist. If you have previously registered as a user for NAPLEX, NAPLEX Score Transfer, MPJE, CPE Monitor, or NABP publications, you may continue to use the same username and password you have used in the past. **If you began or submitted a License Transfer application before February 18, 2012**, please click on the More Info link for further instruction.

[More Info >](#)

Create an NABP e-Profile

Access CPE Monitor, NAPLEX, NAPLEX Score Transfer, MPJE, Score Results, Practice Exams, ELTP, and Publication Orders.

Create an e-Profile

Click on "Create an e-Profile" button to start.

Already have an NABP e-Profile?

Username:

[Forgot username?](#)

Password:

[Forgot Password?](#)

Login

My e-Profile Terms Page

Accept the NABP e-Profile Terms:

**NABP**
NATIONAL ASSOCIATION OF
BOARDS OF PHARMACY

NABP E-PROFILE 

[Help](#)

My e-Profile

Please review the Terms of Service as acceptance and agreement are required to setup your e-Profile. Click [here](#) if you'd like to print the terms.

NABP E-PROFILE TERMS

TERMS OF SERVICE

Welcome to the National Association of Boards of Pharmacy® (NABP®) e-Profile registration Web pages. NABP Web site services, including the e-Profile registration services, are the initial NABP services that facilitate your request for an NABP product or additional NABP services (collectively, "Services"). NABP sincerely thanks you for your interest in the Association and our programs and Services.

By creating or maintaining an e-Profile, you agree to these terms.

In addition, NABP offers a variety of Services, such as publications, meeting registrations, and licensure-related Services. Occasionally, additional terms or requirements may apply to certain Services. Such terms will be available or published with the applicable Service. By using the relevant Service, you agree to the additional terms or requirements.

*By clicking this box I confirm my acceptance and agreement with these Terms of Service.

Check the Checkbox here.

Cancel

Continue

Then click on "Continue" button.

Initial Product and Service Selection Page

Select the Product or Service you need:

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NABP E-PROFILE 

[Help](#)

My e-Profile

What product or service do you need today?
Check all that apply.

- CPE Monitor** ← Click on "CPE Monitor" checkbox.
- License Transfer
- NAPLEX
NAPLEX Score Transfer
MPJE
Score Results
- Pre-NAPLEX
Pre-FPGEE
- Survey of Pharmacy Law
Newsletter Subscription

Then click on "Continue" button.

Personal Information Page

Enter Personal information:

My e-Profile

STEP ONE
Personal Information

STEP TWO
Contact Information

STEP THREE
Security Information

Prefix:

First Name: *

Middle:

Last Name: *

Suffix:

Maiden Name:

Gender: *

IMPORTANT

If you are a pharmacist or pharmacy technician, enter your name as it appears on your license or registration. Information entered should correspond with the information that you have on record with your board(s) of pharmacy.

Social Security Number: * - -

[More Info](#)

Re-enter Social Security Numbers: * - -

Date of Birth: *

[More Info](#)

Re-enter Date of Birth: *

IMPORTANT

This Social Security Number and Date of Birth will be required before you may register for an exam or participate in CPE Monitor should you choose to do so at a later date. [More Info >](#)

E-mail Address: *

[More Info](#)

Re-enter E-mail Address: *

E-mail address will be your Username.

Password: *

[More Info](#)

Confirm Password: *

Password must be at least 6 characters, and must contain at least one letter and one number.

Sign me up to receive weekly NABP e-News for free. [More Info](#)

Click "Continue" button once all starred (*) fields are filled in.

Cancel

Continue

Contact Information Page – Part 1

Enter Contact Information:

My e-Profile



Address Type: * Home Business

Click on either "Home" or "Business."

Country: * United States

Address Line 1: * 100 Side Street

Address Line 2: Apt 100

City: * Lisle

State: * Illinois

Zip: * 11111

Primary Phone Number: * 555 345 3456

Alternate Phone Number: 444 567 5678

Your Email Address(es)

E-MAIL	PRIMARY	
sliverpool@nabp.net	<input checked="" type="radio"/>	Edit

+ ADD EMAIL

Click "Continue" button once all starred (*) fields are filled in.

Cancel

Contact Information Page – Part 2

Verify fields and click "Continue" button:

My e-Profile



If contact information is visible below, please review it and update where necessary, or provide any missing information. However, if the contact information shown on this page does not match any of your previous addresses or phone numbers, it is important that you contact NABP Customer Service as soon as possible at custserv@nabp.net or call 847/391-4406 Monday through Friday, 8:45 AM to 5 PM Central time. Thank you.

Your Address(es)

ADDRESS TYPE	ADDRESS	CITY	STATE	ZIP	PRIMARY	
Home	100 Side Street Apt 100	Lisle	IL	11111	<input checked="" type="radio"/>	Edit

+ ADD ADDRESS

Your Phone Number(s)

PHONE NUMBER	PRIMARY	
555-345-3456	<input checked="" type="radio"/>	Edit
444-567-5678	<input type="radio"/>	Edit Delete

+ ADD PHONE

Your Email Address(es)

E-MAIL	PRIMARY	
sliverpool@nabp.net	<input checked="" type="radio"/>	Edit

+ ADD EMAIL

Verify fields and click "Continue" button.

Cancel Continue

Security Questions Page

Enter Security Questions:

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NABP E-PROFILE 

Welcome, Susan Liverpool! | [Help](#)

My e-Profile

STEP ONE Personal Information STEP TWO Contact Information **STEP THREE Security Information**

For your protection please provide answers to three security questions.

Security Question 1: * What is the name of the company of your first job?

Answer *

Security Question 2: * What was your favorite place to visit as a child?

Answer *

Security Question 3: * In what city were you born?

Answer *

Select and answer all three Security Questions.

Click "Continue" button once all starred (*) fields are filled in.

Final Product and Services Selection Page

Select the Program or Service you need.

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NABP E-PROFILE 

Welcome, Susan Liverpool! [Log Out](#) | [Help](#)

My e-Profile

Please choose the link for the program or service you would like to use first.

Click on "CPE Monitor" button.



[NAPLEX, NAPLEX Score Transfer, MPJE, Score Results](#)



[CPE Monitor](#)



[Survey of Pharmacy Law](#)



[Pre-NAPLEX and Pre-FPGEE](#)



[Electronic Licensure Transfer Program](#)

[Survey of Pharmacy Law](#)

[NABP Newsletter](#)

[State Newsletters](#)

Pharmacist or Technician Question Page

Choose an option: Pharmacist, Pharmacist Technician, or Other.

Hello Susan Liverpool, please complete the following information to continue registering for CPE Monitor and to obtain your NABP e-Profile ID.

* Are You A: Pharmacist Pharmacist Technician Other

Click on one radio button.

Then click on "Continue" button.

Cancel

Continue

License Page

Enter license information:



[Profile](#) [Programs & Services](#) [Logout](#) [Help](#)

User

[Professional Information](#)

[Personal Information/Reset Password](#)

[Address Book](#)

[CPE Activity](#)

* Indicates required field.

Cancel

Submit

License Information

* License Number
* State of License
* Expiration Date
(MM/DD/YYYY)

Click "Submit" button once all starred (*) fields are filled in.

Please add information for at least one license to complete the CPE Monitor registration process.

Cancel

Submit

CPE Activity

Click the CPE Activity link at the left.



Profile Programs & Settings

User

- [Professional Information](#)
- [Personal Information/Reset Password](#)
- [Address Book](#)
- [CPE Activity](#)

First, click on "CPE Activity."

Search CPE Activity

Search by Activity Date:

From:

To:

CPE Activity:

Activity Date	ACPE UAN	Title	Provider	Format Designators	Topic Designators	Contact Hours (CEU)	Activity Type	CPE Statement
10/07/2011	0228-0000-11-047-L01-P	An Anticoagulation Clinic's Experience with the New Oral Anticoagulants	Georgia Society of Health-System Pharmacists, Inc.	Live	Drug Therapy Related	1.0 (0.1)	Knowledge-based	View Statement
10/07/2011	0228-0000-11-048-L04-P	Patient Assistance Programs	Georgia Society of Health-System Pharmacists, Inc.	Live	General Pharmacy Topics	1.0 (0.1)	Knowledge-based	View Statement
10/07/2011	0228-9999-11-045-L01-P	Delivering Hope: Breast Cancer Treatment Updates 2011	Georgia Society of Health-System Pharmacists, Inc.	Live	Drug Therapy Related	1.0 (0.1)	Knowledge-based	View Statement
10/07/2011	0228-0000-11-044-L04-P	Moving Beyond the Basic Preparedness: The Pharmacists Role in Disaster Recovery	Georgia Society of Health-System Pharmacists, Inc.	Live	General Pharmacy Topics	1.5 (0.15)	Knowledge-based	View Statement
10/07/2011	0228-0000-11-050-L02-P	Recent Advances in HIV Therapy	Georgia Society of Health-System Pharmacists, Inc.	Live	AIDS Therapy Related	1.0 (0.1)	Knowledge-based	View Statement
10/07/2011	0228-9999-11-049-L01-P	Assessing and Managing Sedation	Georgia Society of Health-System Pharmacists, Inc.	Live	Drug Therapy Related	1.0 (0.1)	Knowledge-based	View Statement
10/07/2011	0228-9999-11-046-L01-P	Advances in the Management of Multiple Myeloma: A CaseMat Approach	Georgia Society of Health-System Pharmacists, Inc.	Live	Drug Therapy Related	1.0 (0.1)	Knowledge-based	View Statement

CPE Monitor Statement

Select the Activity Date range and View Statement:

Search CPE Activity

Search by Activity Date:

From:

To:

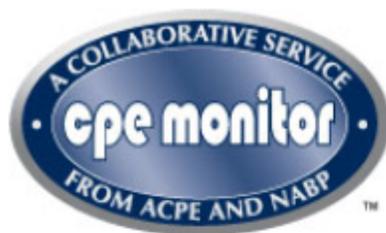
Use drop-down menus to select date range, then click the "Search" button.

Next, click on "View Statement" link to view the CPE Monitor Statement PDF.

CPE Activity:

Activity Date	ACPE UAN	Title	Provider	Format Designators	Topic Designators	Contact Hours (CEU)	Activity Type	CPE Statement
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10/07/2011	0228-9999-11-049-L01-P	Assessing and Managing Sedation	Georgia Society of Health-System Pharmacists, Inc.	Live	Drug Therapy Related	1.0 (0.1)	Knowledge-based	View Statement
10/07/2011	0228-9999-11-046-L01-P	Advances in the Management of Multiple Myeloma: A CaseMat Approach	Georgia Society of Health-System Pharmacists, Inc.	Live	Drug Therapy Related	1.0 (0.1)	Knowledge-based	View Statement

CPE Monitor Statement - PDF Example



CPE Monitor Statement

Participant Name

[REDACTED]

Provider Information

Georgia Society of Health-System
Pharmacists, Inc.

Activity Information

Activity Title:	Choosing an Effective End to Chemotherapy-Induced Nausea and Vomiting
Activity Date:	10/09/2011
ACPE UAN:	0228-9999-11-054-L01-P
Topic Designators:	Drug Therapy Related
Contact Hours (CEU):	0.5 (0.05)
Activity Type:	Knowledge-based

Disclaimer:

This statement contains information provided to NABP from the Accreditation Council for Pharmacy Education (ACPE), and can be used as proof of CPE credit in the event that the ACPE-accredited provider no longer issues such statements directly to participants. The CPE provider is responsible for the accuracy of the CPE course data on the statement; however, NABP affirms that the participation information has been matched to the corresponding e-Profile data within its systems, from which this statement was generated. Requests for changes to CPE course data must be directed to the ACPE-accredited provider that offered the course.

CPE Activity Transcript

Print the list of CPE Activity:

Search CPE Activity

Search by Activity Date:

From:

To:

CPE Activity:

Activity Date	ACPE UAN	Title	Provider	Format Designators	Topic Designators	Contact Hours (CEU)	Activity Type	CPE Statement
10/07/2011	0228-0000-11-047-L01-P	An Anticoagulation Clinic's Experience with the New Oral Anticoagulants	Georgia Society of Health-System Pharmacists, Inc.	Live	Drug Therapy Related	1.0 (0.1)	Knowledge-based	View Statement
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Click "Print List of CPE Activity" button.



CPE Activity Transcript

Results:



CPE Activity Transcript

Recorded CPE activity for the period 10/07/2011 to 10/07/2011. Please allow 60 days for the CPE provider to process your CPE and submit it through CPE Monitor system. If it has been more than 60 days since you have submitted the necessary information for CPE credit, please contact the CPE provider.

Activity Date	ACPE UAN	Title	Provider	Format Designators	Topic Designators	Contact Hours (CEU)	Activity Type
10/07/2011	0228-0000-11-047-L01-P	An Anticoagulation Clinic's Experience with the New Oral Anticoagulants	Georgia Society of Health-System Pharmacists, Inc.	Live	Drug Therapy Related	1.0 (0.1)	Knowledge-based
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