|  |  |
| --- | --- |
| INSTRUCTIONS |  |
| This form is for Pharmacy Technician credit with **Multiple programs only**. Please also fill out the document titled SessionInfo\_template.xls for details on each session. We no longer give credit for an entire day of events.Please submit application as soon as you have a completed Agenda. 60 days prior to the event is the last day we will accept an application. Special circumstances will be considered with a $250 late fee applied if accepted. Supporting documentation can be submitted as they are received/created, document checklist provided. If you are not sure how to answer a question, leave it blank. The CPE Administrator will go over this with you after the form has been reviewed. Email this application and any supporting documents to Christina Muñoz, Continuing Pharmacy Education Administrator at cmunoz@salud.unm.edu (505-272-3125). |

|  |  |
| --- | --- |
| PROGRAM DETAILS |  |
| **Main Program Title:** Click here to enter text. |
| **Program Date(s):** Click here to enter text. (beginning & ending dates – attached separate list if needed) |
| **Program Time** (*for live only*): Click here to enter text.  |
| **Program Location** (*for live only*): Click here to enter text.  |
| **Total Number of CPE hours requested**: Click here to enter text.(60 minute live program is equal to 1.0 CE hour – lunch and breaks should not be included) |
| **Will this be a recurring program?** (*more than 1x per year OR annually*)[ ]  No [ ]  Yes If, **yes** please specify details of how often [annually, monthly etc.]: Click here to enter text.  |
| **Program Organizer(s) Information:** Click here to enter text.(Name, org., phone#, email. This person is responsible for all, communication, paperwork & fee’s) |
| **Contact information** (*name, phone# & email etc. if diff. than organizer*): Click here to enter text. (to be displayed in CPE LMS system for participants to contact; specific person and/or main program info) |
| **Program Website URL:** Click here to enter text. |
| **What costs/fee are associated with Program?**(list fees in separate form if needed) | **Registration Fees?** [ ]  | $ enter text. |
| **Instructor Fee (honorarium etc.)?** [ ]  | $ enter text. |
| **Will there be Financial support for CPE activity?** [ ]  yes [ ]  no [ ]  Pending |
| If you answered “**yes**” to above, please check all that apply regarding this CPE activity[ ]  financial support was provided by a commercial interest (e.g. pharmaceutical and/or device manufacturer)[ ]  financial support was provided by a non-commercial interest (i.e. foundation, government, etc.)[ ]  financial support was provided by only 1 grant supporter[ ]  fully supported (100%) by grant(s)[ ]  partially supported (<99.9%) by gran(s)[ ]  activity would be conducted despite receipt of grant support[ ]  activity would not be conducted if grant support was not received |

|  |  |
| --- | --- |
| JOINTLY PROVIDED PROGAMS ONLY |  |
| **Is this a jointly provided activity?** Yes [ ]  No [ ]  *If no, proceed to the next Section* |
| **Is the providing organization an ACPE accredited CE provider?** [ ]  Yes [ ]  No  |
| For each providing organization, provide a Letter of Agreement outlining responsibilities and conditions of joint providership. [ ]  *attached* |
| **Organization Information:** Click here to enter text.(organization name, address, contact person, phone and email address) |

|  |  |
| --- | --- |
| PLANNING AND DEVELOPMENT |  |
| **How were education needs(s) identified?** (*mark all that apply)* |
| [ ]  Consensus of experts[ ]  New policy/regulation/procedure/technique[ ]  Previous evaluations[ ]  Target audience survey | [ ]  Training deficit[ ]  Needs Analysis [please attached a copy][ ]  Other: Click here to enter text. |
| **How will this activity or program fulfill the identified need?** Click here to enter text. |
| **What is the overall program goal?** Click here to enter text. |
| **Learning Objectives**Objectives for each session will be entered by session under the ***SessionInfo\_template.xls*** document. This section is **ONLY** if you have objectives for the entire event such as a conference overall objectives. |
| At the conclusion of this program, the participant will be to: |
| Click here to enter text.Click here to enter text.Click here to enter text. | Click here to enter text.Click here to enter text.Click here to enter text. |
| **Will off-label use be discussed?** No [ ] Yes [ ]  *if yes What methods of disclosure will be used?* On printed material [ ]  Announced before program begins [x]  Other: Click here to enter text. |
| **Instructional Method(s)** (*mark all that apply)* |
| [ ]  Lecture[ ]  Monograph[ ]  Practice Session[ ]  Other: Click here to enter text. | [ ]  Case Study[ ]  Panel Discussion[ ]  Demonstration and practice |
| **How will the selected instructional method(s) contribute to the learning objectives?** Click here to enter text. |
| **Delivery Method(s)** (*mark all that apply)* |
| [ ]  Computer based instruction (CD based)[ ]  Live, instructor led[ ]  Web-based instructions[ ]  Other: Click here to enter text. | [ ]  Self-study[ ]  Hybrid (lecture and web-based) *if yes, provide info. on program being used for web-based portion.*Click here to enter text. |

|  |  |
| --- | --- |
| ACTIVE LEARNING, ASSESSMENT & EVALUATION |  |
| **What Active Learning strategies will be used?** (*mark all that apply)* |
| [ ]  Group Discussion[ ]  Case study/Scenarios[ ]  Role Playing[ ]  Lecture with Q&A[ ]  Application Exercise | [ ]  Round Table[ ]  Problem Solving[ ]  Active Questioning[ ]  Audience response system (iClicker)[ ]  Other: Click here to enter text. |
| **How will the learner access their achievement of the desired learning objectives?** |
| [ ]  Pre & post-test[ ]  Group discussion[ ]  Other: Click here to enter text. | [ ]  Post-test ONLY[ ]  Case study[ ]  Follow up Survey |
| **How will the learner evaluate the quality of the program?** |
| [ ]  Follow up Survey | [ ]  Group discussion | [ ]  Other: Click here to enter text. |

|  |
| --- |
| ADMINISTRATORS USAGE ONLY |
| [ ]  **Approved for** CEUs **contact hours of Pharmacy Continuing Education (CPE)** |
| [ ]  **Not Approved for contact hours of Pharmacy Continuing Education (CPE) for the following reasons:** Click here to enter text. |
| **CPE Director:** Click here to enter text. |
| **CPE Administrator:** Click here to enter text.  |
| **Date Reviewed:** Click here to enter a date. |

Document Checklist

The following documents are required for Continuing Education accreditation. Electronic files preferred, scanned copy accepted.

**Before event:**

[ ]  Completed Accreditation Application with approval

[ ]  Signed Contract of Duties (if needed)

[ ]  Completed Disclosure Statements from all presenters, coordinator’s & anyone directly contributing to content presented

[ ]  Current CV for all presenters

[ ]  Draft of program syllabus/brochure/schedule of events/agenda

[ ]  Draft of program advertisement (specific wording will be provided to you to be included)

**After event:**

[ ]  Copy of all materials presented

[ ]  Final program syllabus/brochure/schedule of events/agenda

[ ]  Final program advertisement with ACPE Continuing Pharmacy Credit required text

**Conclusion of Program:** Invoice will be issued for fees accrued 1 month after the event. Reporting hours and evaluation summaries will also be provided at this time.