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| INSTRUCTIONS |  |
| This form is for a **single program only, to be used if you ONLY want Pharmacy Technician credit**. If you want Pharmacy Technician Credit in conjunction with Pharmacy credit, please use the TechnicianwithPharmacy\_Application.doc. If you have more than 1 program, please fill out the document titled Technicians\_MultipleSession\_Application.doc and SessionInfo\_template.xls We no longer give credit for an entire day of events.Please submit application as soon as you have a completed Agenda. 30 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 the Continuing Pharmacy Education Administrator at HSC-Pharmacyce@salud.unm.edu (505-272-3125). |

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| PROGRAM DETAILS |  |
| **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) |
| **Topic Designator** (*only select 1*): [x]  **01: Disease State Management/Drug** Therapy - Covers all programs that address drugs, drug therapy, and/or disease states. [ ]  **02: AIDS Therapy Related** - Covers all programs that address therapeutic, legal, social,, ethical, or psychological issues related to the understanding and treatment of patients with AIDS. [ ]  **03: Law Related to Pharmacy Practice**- Covers all programs that address federal, state, or local laws and/or regulations affecting the practice of pharmacy. [ ]  **04: General Pharmacy Topics** - Covers all programs that address topics relevant to the practice of pharmacy other than those included in the classifications of drug therapy related, AIDS therapy related, and law. [ ]  **05: Patient Safety** - The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient.) Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)[ ]  **06: Immunization** - activities related to the provision of immunizations, i.e., recommend immunization schedules, administration procedures, proper storage and disposal, and record keeping. This also includes review for appropriateness or contraindication and identifying and reporting adverse drug events and providing necessary first aid.[ ]  **07: Compounding** - activities related to sterile, nonsterile, and hazardous drug compounding for humans and animals. This includes best practices and USP quality assurance standards, environmental testing and control, record keeping, error detection and reporting, and continuous quality improvement processes. |
| **Will this be a recurring program?** (*more than 1x per year OR annually*)No [ ]  Yes [ ]  If, **yes** please STOP & fill out the Multiple session application and not this single event app.  |
| **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 LMS system for participants to contact for additional program information) |
| **Program Website URL:** Click here to enter text. |
| **What costs/fee are associated with Program?**(attached in separate document if needed) | **Registration Fees?** [ ]  | $ enter text.$ enter text. |
| **Instructor Fee (honorarium etc.)?** [ ]  |
| **Will there be Financial support for CPE activity?** Yes [ ]  *if yes provide details below* 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 receivedIf any of these above items have been checked off, please explain the details specific to the funding. **Who, What, How, When**. Be as detailed as possible when describing the specifics of financial support. Attach additional file if needed. If pending send details as soon as possible. Click here to enter text. |

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| 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) |

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| PLANNING AND DEVELOPMENT |  |
| **How were education needs(s) identified?** (*mark all that apply)* |
| [ ]  Consensus of experts[ ]  New policy/regulation/procedure/technique[ ]  Previous evaluations [attach a copy & results][ ]  Target audience survey [attach a copy & results] | [ ]  Training deficit[ ]  Needs Analysis [attach a copy & results][ ]  Other: Click here to enter text. |
| **ACPE requires a written description and evidence of knowledge or skill gaps identified for pharmacists and/or pharmacy technicians.** *If any evaluations were conducted, please provide a copy of the summary and questions asked*Click here to enter text. |
| **ACPE requires a written a description and evidence of educational need(s) resulting from any identified knowledge or skill gap(s) for pharmacists and/or pharmacy technicians** 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** (*minimum of 3 per subject)*List statements that reflect what each participant will earn from attending/participating in this program or activity. *Separate application & objectives are needed for pharmacists and technicians.*  |
| 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 drug use be discussed?** No [ ] Yes [ ]  *if yes What methods of disclosure will be used?* On printed material [ ]  Announced before program begins [ ]  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)* |
| [ ]  Live, instructor led[ ]  Web-based instructions[ ]  Other: Click here to enter text. | [ ]  Self-study[ ]  Hybrid (lecture and web-based) *if yes, provide details on web-based portion (e.g., hyperlink.)*Click here to enter text. |
| **Type of Activity** (*mark only ONE)* Activity will be verified upon review of content, additional information maybe be requested to validate selection made. Practice based activities will require an additional form. |
|  | **Activity** | **Activity Purpose** | **Learning Assessment** |
| [ ]   | Knowledge (minimum 15 minutes) | Transit Knowledge | Questions/Recall of Facts |
| [ ]   | Application (minimum 1 hour) | Apply Information | Case studies/application of principles |
| [ ]   | Practice (minimum 15 hours) | Instill knowledge, skills, attitudes | Formative and summative |
| **Speaker/Instructor and/or Coordinator and Planning Committee Information**(list anyone directly involved with creating program content or with decision making authority about the program) – *add more rows as needed by tabbing* |
| **Full Name(s)** | **Email Address** | **Role** (speaker, coordinator etc.) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| ACTIVE LEARNING, ASSESSMENT, EVALUATION & FEEDBACK |  |
| **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. |
| **Describe the active learning techniques used to foster active participation of learners along with evidence of active learning methods** Click here to enter text. |
| **How will the learner assess the achievement of the desired learning objectives?** |
| [ ]  Pre & post-test [attach a copy of questions][ ]  Group discussion[ ]  Other: Click here to enter text. | [ ]  Post-test ONLY [attach a copy of questions][ ]  Case study [attach a copy of cases][ ]  Follow up Survey [attach a copy of questions] |
| **Please provide an explanation of how the above marked items will aid in this assessment** Click here to enter text. |
| **How will the learner evaluate the quality of the program?** |
| [ ]  Follow up Survey [attach a copy] | [ ]  Group discussion | [ ]  Other: Click here to enter text. |
| **How will feedback from activity evaluations be used to improve the overall program** Click here to enter text. |
| **Describe and show evidence of how feedback is provided to learners in an appropriate, timely, and constructive manner** *[i.e. question & answer session at the end of the presentation, feedback provided after a learning assessment etc.]* Click here to enter text. |

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| 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. |
| **Notes:**  |

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 or with decision –making authority about the content.

[ ]  Current CV for all presenters [no older than 3 years]

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

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

**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

[ ]  Summary of Evaluation results

**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.