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| INSTRUCTIONS |  |
| This form is to be used in conjunction with Pharmacy credit Application for **Multiple programs only**. Please also fill out the document titled SessionInfo\_template.xks for details on each session. Separate information is needed for Technicians; this should be different than what is submitted for pharmacists. We no longer give credit for an entire day of events.  Please submit additional form along with Pharmacists application and Session Information as soon as you have a completed Agenda. Additional information can be found on the Pharmacist application form. Email this application and any supporting documents to the Continuing Pharmacy Education Administrator at [HSC-Pharmacyce@salud.unm.edu](mailto:HSC-Pharmacyce@salud.unm.edu) (505-272-3125). | |

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| PROGRAM DETAILS |  |
| **Main Program Title:** 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) | |

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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. | | |
| **Will off-label 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.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:** | |