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| INSTRUCTIONS |  |
| This form is to be used in conjunction with Pharmacy credit Application for **Single programs only**. Please also fill out the document titled SessionInfo\_template.xls 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 Christina Muñoz, Continuing Pharmacy Education Administrator at cmunoz@salud.unm.edu (505-272-3125). |

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| PROGRAM DETAILS |  |
| **Program Title affiliated with:** Click here to enter text. |
| **Total Number of CPE hours requested for Technicians**: 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*): [ ]  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) |

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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[ ]  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** (*minimum of 3 per subject)*List statements that reflect what each participant will earn from attending/participating in this program or activity. *Separate Objectives are needed for Technicians vs Pharmacists.*  |
| 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. |
| **Type of Activity** (*mark only ONE)* |
|  | **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 specific to TECHNICIANS) – *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 |  |
| **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. |

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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. |