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| 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 the Continuing Pharmacy Education Administrator at HSC-Pharmacyce@salud.unm.edu (505-272-3125). |

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| PROGRAM DETAILS |  |
| **Main Program Title:** Click here to enter text. |
| **Program Date(s):** Click here to enter text. (beginning & ending dates – attached separate sessions dates in excel file) |
| **Program Time** (*for live only*): Click here to enter text.  |
| **Program Location** (*for live only; if online list application being used*): 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 with the same exact content*)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 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 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 in person[ ]  Web-based [ ]  Online [Zoom, Microsoft teams etc.][ ]  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. You can also add them directly into the spreadsheet.* |
| **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 (no later than one week before event date)

[ ]  Current CV for all presenters (No older than 2yrs, separate files for each person & no later than one week before event date)

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

[ ]  Draft of program advertisement (Accreditation wording will be provided to you to be included upon approval)

[ ]  Copy of all materials presented (no later than one week before event date)

**After event:**

[ ]  Copy of all materials presented if changes were made after initial submission

[ ]  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.