Continuing Pharmacy Education (CPE) Program Information
Application

Date ___/___/____ Person filling out application_________________

Title of CPE program: ____________________________________________

Is this program being cosponsored? If yes, please provide the name and
details of the cosponsorship _______________________________________

_________________________________________________________________

_________________________________________________________________

Presenter(s) Information:
Name__________________________________________________________
Title__________________________________________________________
Institution______________________________________________________

Name__________________________________________________________
Title__________________________________________________________
Institution______________________________________________________

Name__________________________________________________________
Title__________________________________________________________
Institution______________________________________________________

Target audience: (i.e. pharmacist, pharmacy technicians)

If target audience includes both pharmacist and pharmacy technicians, separate
learning objectives may need to be submitted

CE contact hours: ________________________________________________
CE contact hours should include time for introduction of speaker and program,
presentation, Q&A, and learning assessment tool

Learning Objectives: At the completion of this program, the participant will be
able to:
(read Learning objective guide)

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
Type of presentation: (live, electronic, homestudy) ______________
If providing a live program offering, will this be repeated and how often?

Suggested Date for program offering: (minimum of 60 days from date of this application)

Commercial funding to be utilized? Yes/no
If yes, please name the source and reason for funding __________________

Contact person’s information: phone ____________________________
Email: ____________________________