

# 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: \_\_\_\_\_