ACCREDITATION COUNCIL FOR PHARMACY EDUCATION
20 North Clark Street, Suite 2500 • Chicago, Illinois 60602-5109 • www.acpe-accredit.org
312/664-3575 • FAX 312/664-4652

Due to your interest in continuing education, we would like to invite you to participate as a field reviewer for the ACPE's evaluation activities of its continuing pharmaceutical education providers.

Responsibilities:

The responsibilities of a field reviewer focus on evaluating ACPE-accredited provider compliance with educational and professional standards. Each ACPE-accredited provider is required to prepare and submit a Petition for Continued Accreditation every six years. An important component of this Petition is the Self-Assessment Report, which is intended as a self-assessment by the provider of its continuing pharmaceutical education activities, identification of its strengths and weaknesses, and its plans for improvement. This report is evaluated by internal ACPE staff, external field reviewers and the ACPE Board of Directors.

Timeline:

Field reviewers are asked to review the Self-Assessment Report for one provider for a given review cycle and return the completed field reviewer evaluation form to the Council office generally within four weeks. Past field reviewers state that the average Self-Assessment Report takes three to five hours to review. The approximate dates during which field reviewers are asked to review materials are listed below:

Fall Cycle: (September – November)

Materials will be sent to you by:	October 15th
Field Reviewers are asked to return the completed review to ACPE by:	November 15th

Spring Cycle: (February – May)

Materials will be sent to you by:	March 15th
Field Reviewers are asked to return the completed review to ACPE by:	April 15th

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Confidentiality:
It should be noted that each provider has a confidential relationship with ACPE. Details of each providers Petition for Continued Accreditation, Self Assessment Report, and any and all accompanying materials are considered and treated as confidential. While this policy may restrict our ability to respond publicly to individualized issues, the process of confidentiality is fundamental to the workings of any accreditation process. Field reviewer evaluations and comments are to be sent directly to ACPE where they will be included with other reviews and materials. *In the event that a field reviewer has any questions regarding either the process or the content of the materials, these questions should be addressed to ACPE staff.*

Appreciation:
As a token of our appreciation, once the review is completed, you will receive an ACPE Certificate of Appreciation. Field review activities are an essential component of the ACPE program for assuring and enhancing the quality of continuing pharmacy education offerings.

Response:
I am hopeful that you will be able to contribute some of your time to this important activity and I look forward to your positive response. If you have any questions regarding this invitation or the responsibilities of a field reviewer, please do not hesitate to contact the ACPE office.

If you will be able to participate in either the Fall or Spring review cycle, or if you are currently unavailable but are interested in serving as a field reviewer in the future, please complete the enclosed forms and return them to ACPE either by mail (20 N. Clark Street), fax (312-664-7008 or 312-664-4652), or e-mail: hevans@acpe-accredit.org.

Thank you for your assistance and continued support. Again, please feel free to contact ACPE if you have any questions or are in need of additional information.

Sincerely,

Demetria R. Harlos

Enclosure

FIELD REVIEWER CONFIRMATION FORM

If you will be able to participate as a Field Reviewer for ACPE, please indicate so by marking the appropriate choice(s) listed below.

Name: _____

Title: _____

Organization: _____

Preferred Mailing Address for Shipments (Please do not list PO Box numbers):

_____

_____

_____

Phone: _____ Fax: _____

E-mail: _____

Please check all that apply:

☐ I am available to participate as a Field Reviewer for ACPE. Please consider me for the following cycle(s)

☐ Fall 2004 ☐ Spring 2005

☐ I would like to participate in a training session prior to reviewing a Self Assessment Report (training sessions are conducted via a conference call).

☐ I am not available to participate for the Fall 2004 or the Spring 2005 cycle, but would like to participate in future cycles.

☐ I will not be able to participate as a Field Reviewer for ACPE, please remove my name from your mailing list.

Thank you, your response is greatly appreciated. Please return this form either by mail (20 N. Clark Street, Suite 2500), e-mail: hevans@acpe-accredit.org, or fax: (312) 664-4652.