Introduction:
Continuing pharmacy education (CPE) activities are categorized into three types: knowledge, application, and certificate programs. The CPE activity type(s) conducted should be consistent with the provider’s mission and appropriate to meet the identified pharmacist and/or pharmacy technician needs.

Types of CPE activities:
- Knowledge-based CPE activity: These CPE activities are primarily constructed to transmit knowledge (i.e., facts). The facts must be based on evidence as accepted in the literature by the health care professions. The minimum amount of credit for these activities is 15 minutes or 0.25 contact hour.
- Application-based CPE activity. These CPE activities are primarily constructed to apply the information learned in the time frame allotted. The information must be based on evidence as accepted in the literature by the health care professions. The minimum amount of credit for these activities is 60 minutes or one contact hour.
- Certificate Programs. [Previously named practice-based] These CPE activities are primarily constructed to instill, expand, or enhance practice competencies through the systematic achievement of specified knowledge, skills, attitudes, and performance behaviors. The information within the certificate program must be based on evidence as accepted in the literature by the health care professions. The formats of these CPE activities should include a didactic component (live and/or home study) and a practice experience component (designed to evaluate the skill or application). The provider should employ an instructional design that is rationally sequenced, curricular based, and supportive of achievement of the stated professional competencies. The minimum amount of credit for these activities is 15 contact hours.

Providers are encouraged to guide pharmacists and/or pharmacy technicians to the best combination of CPE activity types to meet their learning, professional development, and practice needs. Providers are not required to conduct all three activity types.

Certificate programs:
The following procedures must be practiced in order to conduct certificate programs [Previously named practice-based activities]. These procedures will supplement the 2009 Policies and Procedure Manual: A Guide for ACPE-accredited Providers.

As noted above, certificate programs are intended to enhance one’s practice by demonstration of a skill or implementation of a program. Examples of certificate programs include Establishment of a Diabetes Monitoring Program in a Pharmacy, Administration of Immunizations, Implementation of a Medication Therapy Management Program, etc.

Guidance 1.0. Certificate Program Planning Document
Each provider should plan for the development, delivery, and evaluation of each certificate program. Due to the multiple components of a certificate program, a Planning Document should be completed by the provider for each CPE activity. This written plan should include the following core elements:

A. title of the activity;
B. description of the targeted audience(s);
C. description of the educational needs assessment and/or gap;
D. goals of the activity;
E. professional competencies to be addressed and outcome expectations with expected levels of performance (may refer to ACPE’s Definition of Continuing Pharmacy Education for the Profession of Pharmacy);
F. requisites for learner participation;
G. instructional design to be used (see Guidance 2.0 Instructional Design below);
H. activity length stated in contact hours and/or continuing education units (CEUs);
I. faculty, practice, technological, financial and other resources required for development, delivery and evaluation, commensurate with enrollment;
J. means by which the expertise of faculty and others will be utilized to develop, present and evaluate the content and materials;
K. schedule for periodic review of content and materials;
L. means by which the activity will be evaluated;
M. means by which the participants will be evaluated and the minimum level of achievement required for successful completion;
N. The process of validating the content of the assessment includes, at a minimum, documentation of the link between the intended learning outcomes and the assessment (e.g., a table listing the knowledge, skills, and/or competencies needed for participants to accomplish the intended learning outcomes and identifying how the specified knowledge, skills, and/or competencies are covered by the assessment); and
O. determination of the manner for awarding continuing education credit upon completion, or, where feasible, partial completion of the activity.

**Guidance 2.0 Instructional Design**

Providers who conduct certificate programs should employ an instructional design that is rationally sequenced, curricular based, and supportive of achievement of the outcome expectations for the stated professional competencies. The length of the certificate program should be determined, primarily, by its stated goals, professional competencies, and outcome expectations. In keeping with the definition of certificate programs, a minimum amount of credit for these activities is 15 contact hours. Each certificate program must include a minimum of two components:

1. A didactic component such as live seminars, home study Internet-based materials, etc. and,
2. A hands-on component such as practice experiences, simulations, and/or such activities so as to assure demonstration of the skill or application of the stated professional competency.

**Guidance 3.0 Evaluation of Participant Achievement**

The provider should evaluate the achievement of each participant in the certificate program. This evaluation process should include both formative and summative evaluation, and should require demonstration of the predetermined minimum level of performance on the outcome expectations for the stated professional competencies.

Formative assessment may include self-reflection and diagnostic components (e.g. pretest) and may be remedial (i.e. focusing on correction or improvement). Formative assessment may take place one or more occasions throughout the learning process.

Summative (end of program) assessment is used to evaluate learner’s accomplishment of the intended learning outcomes and generally takes place at the completion of the education/training component of the program. Any generally accepted assessment method may be utilized for conducting the summative assessment.
Participants should also be provided opportunities to engage in organized self-assessment activities. Feedback from the evaluations should be provided to the participant in a timely manner.

**NOTE:** If an assessment-based certificate program is promoted by the provider as being appropriate for regulatory purposes or for decision making related to hiring, promotion, and other key employment-related outcomes (e.g., hospital privileging for physicians), the assessment(s) should be developed and evaluated/scored in a manner that is consistent with generally accepted measurement principles and legally defensible. The assessment(s) also should be administered in a secure, proctored environment.

**Guidance 4.0 Documentation of Completion**
At the discretion of the provider, additional documentation of successful completion of the certificate program, such as a certificate to place in one’s workplace, may be provided to participants who have demonstrated the predetermined minimum level of performance. ACPE does not have requirements for the items to be included on such a certificate.

**Guidance 5.0 Award Credit**
Upon completion of the requirements for credit of the Certificate Program, the provider should:
1. Award ACPE CE credit to the pharmacist and/or pharmacy technician via CPE Monitor®.
2. Award completion of the ACPE Certificate Program via CPE Monitor®.