SAMPLE Letter of Agreement With a Joint Provider

(Provider A) an	nd (Provider B) agree to work
together for the purpose of developing and distri	ibuting the following continuing pharmacy education activity:
This activity is being planned to offerreleased on	contact hours of credit and is scheduled to take place/will be and will expire on
While the two organizations agree to work toge Standards for Continuing Pharmacy Education the provider retains final authority include: • final selection of the activity title, • final approval of all activity announcement • final approval of the activity schedule and a	ether, final authority for all areas relating to the ACPE Accreditation will be retained by the ACPE-accredited provider. Areas in which literature, conjunction with the continuing education activity, amount of credit to be awarded,
 final approval of faculty, 	ty,
disclosures, mitigation of conflict of interest participants, etc.) conduct an assessment of the educational net provide guidance to faculty (to include the ruse of instructional materials and learning asset review and approve all materials and inform assure that the activity provides an in-depth provides are received.	in writing, and Independence requirements are met (all financial relationship t, commercial support and relevant financial relationship disclosure to
The	(ACPE-accredited provider) in its not done satisfactorily or according to defined timelines, a payment be applicable. Treas which relate to the CPE Standards, follow the directions given to the company prior to printing/final preparation of the company defined timelines, a payment of the company of the company defined provider. The company defined provider is not done according to defined timelines, a payment of the company defined provider is not done satisfactorily or according to defined timelines, a payment of the company defined provider is not done satisfactorily or according to defined timelines, a payment of the company defined timelines, and the company defined timel
In the event that	luled completion dates for the tasks listed above. (joint provider) fails to comply with the requirements stated as the option to decline to provide continuing pharmacy educations defined in the fee terms above.
Name, Organization Date (ACPE Accredited Provider)	Name, Organization Date (Joint Provider)

This document is provided by ACPE as samples towards meeting the requirements of the CPE Standards. The items may need modification and should be altered as necessary to meet the specific needs of each provider. Released and Revised February 2017, updated June 2022

SAMPLE APPENDIX

Letter of Agreement With a Joint Provider

Task	Date	Responsibility	
		ACPE Provider	Joint Provider
Selection of the activity title			
Faculty determined			
Obtaining all financial relationship disclosures			
Mitigation of conflict of interest (if applicable)			
Final learning objectives			
Final activity content			
Determination of pharmacist and/or pharmacy technician designation			
Determination of activity type (knowledge, application or certificate)			
Activity schedule and amount of credit to be awarded			
Activity promotional material			
Provide faculty guidance materials			
Educational materials distributed in conjunction with the continuing education activity			
Final approval of learning assessment activity			
Final activity evaluation instrument			
Process for determining the basis upon which credit will be awarded			
Upload credit to CPE Monitor			
Summarize evaluation forms			
Handle all grievances which are submitted in writing			