



ACCREDITATION COUNCIL  
FOR PHARMACY EDUCATION



# Provider Web Tool Updates

CE Requirements



## Topic Designators

- **99: Additional Topic Areas** - activities related to topics relevant to the practice of pharmacy not included in the classifications of the topic designators 01-08
- Differences in some definitions

### Topic Designator

The Topic Designator is the last 2 digits of the Universal Activity Number and should be designated as follows:

**01: Disease State Management/Drug Therapy** - activities that address drugs, drug therapy, and/or disease states.

**02: HIV/AIDS** - activities that address therapeutic, social, ethical, or psychological issues related to the understanding and treatment of patients with HIV/AIDS.

**03: Law Related to Pharmacy Practice** - activities that address federal, state, or local laws and/or regulations affecting the practice of pharmacy.

**04: Pharmacy Administration** - activities that address topics relevant to the practice of pharmacy that include the economic, social, administrative and managerial aspects of pharmacy practice and health care.

**05: Patient Safety** - activities that address topics relevant to the prevention of healthcare errors and the elimination or mitigation of patient injury caused by healthcare errors.

**06: Immunizations** - activities related to the provision of immunizations, i.e., recommend immunization schedules, administration procedures, proper storage and disposal, and record keeping. This also includes review for appropriateness or contraindication and identifying and reporting adverse drug events and providing necessary first aid.

**07: Compounding** - activities related to sterile, nonsterile, and hazardous drug compounding for humans and animals. This includes best practices and USP quality assurance standards, environmental testing and control, record keeping, error detection and reporting, and continuous quality improvement processes.

**08: Pain Management** - activities that address any component regarding the treatment and management of pain, including the prescribing, distribution and use of opioid medications, and/or the risks, symptoms, and treatment of opioid misuse/addiction.

**99: Additional Topic Areas** - activities related to topics relevant to the practice of pharmacy not included in the classifications of the topic designators 01-08.

-- Select --



When you create a new activity, you will notice there is a new tab called  
“CE Requirements”

## Add Activity

Please enter data into all tabs prior to clicking save. Please note that if you are making edits to an existing ADF, the fields in Blue cannot be altered. If you need to change any of the fields in blue, please complete the Request Change in Activity form. If you have any questions, please contact ACPE.

Submit To ACPE

Save, Submit Later

Save, Keep Editing

Cancel Entire Activity

Main Menu

General

Learning Objectives

Keywords

CE Requirements

Grant Support

Home Study Format

Under “CE Requirements” you will find the following information:

- State board pharmacist CE requirements
- State board pharmacy technician CE requirements
- There are also 2 questions related to re-certification and state regulatory requirements

General	Learning Objectives	Keywords	CE Requirements	Grant Support	Home Study Format
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The following documents outline the current state board CE requirements for Pharmacy:

State Board Pharmacist CE Requirements for 2022 ←

State Board Pharmacy Technician CE Requirements for 2022

In order to assist in the identification of specific CE Activities required for re-licensure or re-certification by Pharmacists or Pharmacy Technicians, please answer the following questions to the best of your ability.

① Is this activity designed to meet specific re-certification requirement?  No  Yes  Not Sure

② Is this activity designed to meet a specific state regulatory requirement?  No  Yes  Not Sure

## State Board Pharmacist CE Requirements

The 50 state boards of pharmacy, District of Columbia, Guam, and Puerto Rico require that pharmacists participate in CPE activities as a prerequisite for relicensure. The requirements are fairly uniform regarding the types of programs that are recognized and the prescribed range of acceptable content matter. NOTE: One (1) CEU is equivalent to 10 contact hours (1 contact hour = 0.1 CEU).



# 1. Is this activity designed to meet specific re-certification requirements?

If “Pharmacists” is selected as the target audience under the “General” tab, the options seen here will appear if “Yes” is selected for question 1.

1. Is this activity designed to meet specific re-certification requirement?  No  Yes  Not Sure

**\*\* Please choose one or more requirements \*\***

## Pharmacists

- BPS: Ambulatory Care Pharmacy
- BPS: Cardiology Pharmacy
- BPS: Compounded Sterile Preparations Pharmacy
- BPS: Critical Care Pharmacy
- BPS: Emergency Medicine Pharmacy
- BPS: Geriatric Pharmacy
- BPS: Infectious Diseases Pharmacy
- BPS: Nuclear Pharmacy
- BPS: Nutrition Support Pharmacy
- BPS: Oncology Pharmacy
- BPS: Pediatric Pharmacy
- BPS: Pharmacotherapy
- BPS: Psychiatric Pharmacy

## Pharmacists Prescriptive Authority

- NM BOP: Immunization
- NM BOP: Tobacco Cessation
- NM BOP: Emergency Contraception
- NM BOP: Hormonal Contraception
- NM BOP: Naloxone
- NM BOP: HIV Post-Exposure Prophylaxis (PEP)

## 1. Is this activity designed to meet specific re-certification requirements?

If “**Pharmacist Technicians**” is selected as the target audience under the “**General**” tab, the options seen here will appear if “**Yes**” is selected for question 1.

1. Is this activity designed to meet specific re-certification requirement?  No  Yes  Not Sure

### Pharmacy Technicians

- PTCB: Certified Pharmacy Technician (CPhT)
- PTCB: Certified Compounded Sterile Preparation Technician (CSPT)
- PTCB: Advanced Certified Pharmacy Technician (CPhT-Adv)
- NM BOP: Immunizations

## 2. Is this activity designed to meet specific state regulatory requirements?

If you answer “**Yes**” to question #2, check boxes for each state will appear and you will need to check the appropriate boxes

Please also note that the options that appear for question 2 are determined by the **topic designator** that is chosen under the “**General**” tab

(see next slide)

General Learning Objectives Keywords **CE Requirements** Grant Support Home Study Format

The following documents outline the current state board CE requirements for Pharmacy:

State Board Pharmacist CE Requirements for 2022

State Board Pharmacy Technician CE Requirements for 2022

In order to assist in the identification of specific CE Activities required for re-licensure or re-certification by Pharmacists or Pharmacy Technicians, please answer the following questions to the best of your ability.

1. Is this activity designed to meet specific re-certification requirement?  No  Yes  Not Sure

2. Is this activity designed to meet a specific state regulatory requirement?  No  Yes  Not Sure

**\*\* Please choose one or more states \*\***

<input type="checkbox"/> Alaska	<input type="checkbox"/> Alabama	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Arizona	<input type="checkbox"/> California	<input type="checkbox"/> Colorado
<input type="checkbox"/> Connecticut	<input type="checkbox"/> D. C.	<input type="checkbox"/> Delaware	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii
<input type="checkbox"/> Iowa	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky
<input type="checkbox"/> Louisiana	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Maryland	<input type="checkbox"/> Maine	<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota
<input type="checkbox"/> Missouri	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Montana	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Nebraska
<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Nevada	<input type="checkbox"/> New York	<input type="checkbox"/> Ohio
<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> South Carolina
<input type="checkbox"/> South Dakota	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Virginia	<input type="checkbox"/> Virgin Islands
<input type="checkbox"/> Vermont	<input type="checkbox"/> Washington	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wyoming	

Based on the **Topic Designator** that is chosen under the “General” tab, question **2a** will populate as seen here



2. Is this activity designed to meet a specific state regulatory requirement?  No  Yes  Not Sure

**\*\* Please choose one or more states \*\***

- |   |  |                                       |   |                                       |   |
|---|--|---------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Alaska               | <input type="checkbox"/> Alabama       | <input type="checkbox"/> Arkansas     | <input type="checkbox"/> Arizona        | <input type="checkbox"/> California   | <input type="checkbox"/> Colorado       |
| <input type="checkbox"/> Connecticut          | <input type="checkbox"/> D. C.         | <input type="checkbox"/> Delaware     | <input type="checkbox"/> Florida        | <input type="checkbox"/> Georgia      | <input type="checkbox"/> Hawaii         |
| <input type="checkbox"/> Iowa                 | <input type="checkbox"/> Idaho         | <input type="checkbox"/> Illinois     | <input type="checkbox"/> Indiana        | <input type="checkbox"/> Kansas       | <input type="checkbox"/> Kentucky       |
| <input checked="" type="checkbox"/> Louisiana | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Maryland     | <input type="checkbox"/> Maine          | <input type="checkbox"/> Michigan     | <input type="checkbox"/> Minnesota      |
| <input type="checkbox"/> Missouri             | <input type="checkbox"/> Mississippi   | <input type="checkbox"/> Montana      | <input type="checkbox"/> North Carolina | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Nebraska       |
| <input type="checkbox"/> New Hampshire        | <input type="checkbox"/> New Jersey    | <input type="checkbox"/> New Mexico   | <input type="checkbox"/> Nevada         | <input type="checkbox"/> New York     | <input type="checkbox"/> Ohio           |
| <input type="checkbox"/> Oklahoma             | <input type="checkbox"/> Oregon        | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Puerto Rico    | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> South Dakota         | <input type="checkbox"/> Tennessee     | <input type="checkbox"/> Texas        | <input type="checkbox"/> Utah           | <input type="checkbox"/> Virginia     | <input type="checkbox"/> Virgin Islands |
| <input type="checkbox"/> Vermont              | <input type="checkbox"/> Washington    | <input type="checkbox"/> Wisconsin    | <input type="checkbox"/> West Virginia  | <input type="checkbox"/> Wyoming      |   |

2a. Does the content of the CE activity address any of the following areas?

**\*\* Choose one or more value \*\***

- Child Abuse Prevention or Reporting
- Collaborative Practice
- Contraception
- Cultural Competency
- Diversity, Equity, Inclusion (including bias)
- Lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ)
- Human Trafficking
- Mental Health Awareness
- Nicotine Replacement
- Non-Sterile Compounding
- Nursing Home Consulting
- Pharmacist Prescriptive Authority
- Sexual Harassment
- Sterile Compounding
- Suicide Prevention

## Submitted ADF

Once the ADF has been submitted to ACPE, you will be able to see what CE requirements have been selected by clicking **“Print/Preview”**

Scroll down to the bottom of the ADF, and that is where you will see the board and state requirements

The ADF has been submitted to ACPE.

Universal Activity Number (UAN) Variations:

0197-0000-22-011-H04-P

Back

Review or make additional changes to the current activity.

Print/Preview

View the current activity information.

Search

Perform a new search.

**Board Specific Requirement(s):**

BPS: Critical Care Pharmacy

BPS: Emergency Medicine Pharmacy

NM BOP: Immunization


**State Specific Requirement(s):**

California



## P.L.A.N. Tool

Pharmacists and Pharmacy Technicians have the option to indicate which **topic designator** they would like to search by in PLAN.

 **P.L.A.N.® Search**

Click for less info...

**P.L.A.N.® allows you to find continuing education activities by:**

- Selecting the type of activity (knowledge, application or practice) you want to attend
- Choosing your activity format (home, study or live)
- Choosing your topic designator
- Selecting activity dates and/or locations to suit your schedule
- Identifying continuing education activities from a specific organization

**1. Indicate your profession:** ⓘ

--All--

**2. Select the type of CPE Activity:** ⓘ

-- Select --

**3. Select the CPE activity format:**

-- Select --

**4. Select the Topic Designator (OPTIONAL):** ⓘ

-- Select --

**5. Select your preferred learning method and location for format:**

**Live Learning Method (OPTIONAL):** Any Live Method

**Home Learning Method (OPTIONAL):** Any Home Method

**Live Location (OPTIONAL):** All States

# Pharmacist and Pharmacy Technician Competencies

## Competencies-Pharmacist (Download CAPE Outcomes)

### Knowledge

Foundational Knowledge

### Practice and Care Approaches

Problem-solving

Educator

Patient Advocacy

Interprofessional collaboration

Cultural Sensitivity

Communication

### Practice and Care Essentials

Patient-centered care

Medication use systems management

Health and wellness

Population-based care

### Personal and Professional Development

Self-awareness

Leadership

Innovation and Entrepreneurship

Professionalism

Other

## Competencies-Pharmacy Technician (Resource for Pharmacy Technician Competencies)

### Pharmacy Technician Competencies

Foundational Professional Knowledge and Skills

Processing and Handling of Medications and Medication Orders

Regulatory and Compliance Knowledge and Skills

Patient Care, Quality and Safety Knowledge and Skills

Personal/Interpersonal Knowledge and Skills

Other



## Keyword Selection: Analyze Objectives for Keywords

At least one keyword must be selected. You may select up to three keywords you deem appropriate.

Analyze Objectives For Keywords...

Matching Keywords found by Analyzer

- COVID-19
- Accountable Pharmacy Organization
- Clinical Community Practice
- Accountable Pharmacy Organization

Add Selected Keywords

Suggested Keywords (w/relevance score)

Select keywords you would like to be added in the future

- recent federal legislative activity (0.8)
- federal regulations (0.5)
- patient care services (0.4)
- pharmacist (0.3)
- Pharmacist (0.2)

Suggest a new keyword:

You may **Prioritize** your activity's keywords using the "Up" and "Dn" buttons.

Your Activity's Keywords:

Up

Dn

Law  
Regulation  
COVID-19

Remove Selected Item

Remove All

# Submit Certificate Program Credit

Once the activity is conducted and 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 for the UANs (modules) completed via CPE Monitor<sup>®</sup>, and, if applicable,
2. Award completion of the ACPE Certificate Program (CPN) via CPE Monitor<sup>®</sup> as noted on the next slide.



# Submit Certificate Program Credit

- For a given **Universal Activity Number (UAN)** that is part of a Certificate Program, upload each participant's credit as you normally would. (NABP e-profile ID, DOB (MMDD), UAN, and date of participation)
- If **all** components of a **Certificate Program** are completed, upload each participant's NABP e-profile ID number, month and day of birth (MMDD), **Certificate Program Number (CPN)**, and date of participation.
- The existing Microsoft Excel and CSV templates may be used to award certificate program completion.
  - In the ACPE UAN column please provide the **Certificate Program Number (CPN)** and in the Date of Participation column, enter the **date the certificate was awarded to the learner**.
- If at least **ONE** of the UAN components of the CP is not completed by the learner, they will **not** be awarded the certificate and will only get CE credit for the UANs they have completed. An error message will return.



# Submit Certificate Program Credit

(cont.)

- Sample EXCEL Submission

A	B	C	D	E
Action	NABP_ePID	DOB	ACPE_UAN	Date_Of_Participation
I	301346	0707	0197-0000-21-026-H06-P	12/01/2021
I	301346	0707	0197-21-020-CP	12/01/2021

- Sample CSV Submission

```
Sample Upload CP.csv - Notepad
File Edit Format View Help
Action,NABP_ePID,DOB,ACPE_UAN,Date_Of_Participation
I,301346,0707,0197-0000-21-026-H06-P,12/01/2021
I,301346,0707,0197-21-020-CP,12/01/2021
```



# Submit Certificate Program Credit

(cont.)

- **Submission via Web Form**

You are logged on as Steve Janis [Logout](#)

Home	Reports	Admin	Accounts	Job History
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## CPE Monitor CE Participant Entry Form

Please use this form for entering participants that have completed ACPE-accredited CE activities or for removing participants of ACPE-accredited CE activities that have been previously submitted to and accepted by NABP.

- For each participant that you wish to submit to NABP, select the action to perform (either an insert or delete). Next - enter the NABP E-Profile EPID, the participant's Date of Birth (month and day only in format of "MM/DD"), a UAN, and the Date of Participation. To search for a UAN, enter either the a portion of the UAN or a portion of the activity title - a lookup for the matching UAN will occur. Please make sure to select the UAN returned in the search results.
- Click the **"Add Row"** button to add an additional row for data entry. To remove a row, click the **"Remove Row"** button located next the row you wish to remove from your submission.
- When you have entered all the rows of information that you wish to submit, please click the **"Verify Information"** button to have your information verified. If no errors are found, you may submit the participants to CPE Monitor, if errors are found, all errors must be corrected before you will be able to submit the participants.

Please note that a maximum of **20** participants may be submitted per web form submission.

Row	Action	ePID	DOB (MM/DD)	ACPE UAN	Date of Participation	
1	<input type="button" value="Insert"/>	<input type="text" value="301346"/>	<input type="text" value="07/07"/>	<input type="text" value="0197-21-020-CP"/>	<input type="text" value="12/01/2021"/>	<input type="button" value="Remove"/>
2	<input type="button" value="Insert"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Remove"/>



# Submit Certificate Program Credit (cont.)

- **Submission via Web Services**
  - The existing services support submitting Certificate Programs
  - Make sure to submit the CE activity completion prior to awarding the Certificate Program



# Certificate Program Transcript

The user may select the “Certificate Programs” option and then “Search” when running a transcript. The resulting items shown on the screen are ONLY certificates:

**TRANSCRIPTS**

Select a license to view state specific CPE activities or select Standard Transcript to view all activity.

- A data range can be applied to filter activities.
- Click the export button to download a PDF or Excel version of the transcript.
- A statement of completion can be viewed by clicking an activity title.

*If it has been more than 35 days since you submitted a CPE claim and the information is not yet in your e-Profile, contact the CPE provider for more information.*


Certificate Program

DATE AWARDED	TITLE	PROVIDER	CERTIFICATE PROGRAM NUMBER
12/21/2020	Non-Sterile Compounding Essentials for Pharmacists and Technicians Certificate	University of Connecticut School of Pharmacy	0345-20-002-Cp
06/15/2021	Sterile Compounding and Aseptic Technique 40 Contact Hours	Lone Star College - Tomball Pharmacy Technology	0777-20-010-Cp

< Showing 1 - 2 of 2 >



The user can click on any certificate and see the substitute certificate statement:



**CPE Monitor**

**Uat**

Printed 11/1/2021

**Participant Name**  
Nancy Cooper

**Certificate Provider**  
University of Connecticut School of Pharmacy

**NABP e-Profile ID** 1594106

**Program Information**

**Certificate Program Title** Non-Sterile Compounding Essentials for Pharmacists and Technicians Certificate

**Certificate Program Date** 12/21/2020

**Certificate Program Number** 0345-20-002-CP

**Disclaimer:**  
The National Association of Boards of Pharmacy® (NABP®) generated this statement (Statement) from NABP's systems. It contains information provided to NABP from the Accreditation Council for Pharmacy Education (ACPE). The Statement may be used as proof that a Continuing Pharmacist Education (CPE) activity was awarded CPE credit by the ACPE-accredited provider (Provider) or that a program certificate was awarded by the Provider.

The Provider is ultimately responsible for the accuracy of the data on this statement. Requests for verification or changes to data must be directed to the Provider that awarded the CPE activity or program certificate.

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These are also included on the “Standard Transcript when exported to a PDF. They do not appear on the screen in this instance, only the CPE courses.

When the Export button is selected, and the View Transcript (export to PDF) option is selected, then the pdf is generated, which contains the separate section at the end for all certificates in the profile:

TRANSCRIPTS

Select a license to view state specific CPE activities or select Standard Transcript to view all activity.

- A data range can be applied to filter activities.
- Click the export button to download a PDF or Excel version of the transcript.
- A statement of completion can be viewed by clicking an activity title.

*If it has been more than 35 days since you submitted a CPE claim and the information is not yet in your e-Profile, contact the CPE provider for more information.*

Standard Transcript

TOTAL CPE HOURS: 35.00

2.50 LIVE HOURS      32.50 HOME HOURS      13.00 ACPE HOURS      0.00 IPCE HOURS      22.00 NON-ACPE HOURS

ACTIVITY DATE	TITLE	PROVIDER	CREDIT TYPE	SOURCE	FORMAT	HOURS
08/27/2021	<a href="#">non acpe with cert</a>	Non ACPE Inc	NON-ACPE	Self Reported	Live	2.50
06/22/2021	<a href="#">Signs of Humna Trafficking</a>	Non ACPE PLC	NON-ACPE	Self Reported	Home	1.50
05/18/2021	<a href="#">Opioid Dispensing</a>	Non ACPE LLC	NON-ACPE	Self Reported	Home	16.00
05/07/2021	<a href="#">Over-the-Counter and into the ER: OTC Drug Overdoses</a>	PharmCon, Inc.	ACPE	ACPE	Home	4.00
05/06/2021	<a href="#">Implicit Bias Awareness for Pharmacists</a>	Non ACPE LLC	NON-ACPE	Self Reported	Home	2.00
04/13/2021	<a href="#">Introduction to Antibiotic Stewardship</a>	Cardinal Health Pharmacy Services, LLC	ACPE	ACPE	Home	4.00
04/05/2021	<a href="#">Feeling the Burn - The Pharmacist's Legal Role in Treating Dry Eye</a>	PharmCon, Inc.	ACPE	ACPE	Home	3.00
02/15/2021	<a href="#">Implicit Bias Awareness for Illinois Health Care Professionals</a>	Pharmacist's Letter Therapeutic Research Center	ACPE	ACPE	Home	2.00

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# CPE Monitor Activity Transcript

Participant Name: Nancy Cooper  
 NABP e-Profile ID: 1594106  
 CPE Activity Date Range: 11/01/2019 to 11/01/2021  
 Total CPE Hours Earned: 35.00

Recorded CPE activity for the period of 11/01/2019 to 11/01/2021. Please allow 60 days for the CPE Provider have to process your CPE and submit it through the CPE Monitor System. If it has been more than 60 days since you submitted the necessary information for CPE credit, please contact the CPE Provider.

								ACPE/Non-ACPE Credits	
Activity Date	Activity #	Credit Type	Source	Title	Topic	Provider	Live Hours	Home Hours	
8/27/2021	zzz-123	Non-ACPE	Self Report	non acpe with cert	N/A	Non ACPE Inc	2.50	0.00	
6/22/2021	HT-456	Non-ACPE	Self Report	Signs of Humna Trafficking	N/A	Non ACPE PLC	0.00	1.50	
5/18/2021	Op-555	Non-ACPE	Self Report	Opioid Dispensing	N/A	Non ACPE LLC	0.00	16.00	
5/7/2021	0798-0000-17-115-H05-T	ACPE	ACPE	Over-the-Counter and Into the ER: OTC Drug Overdoses	Patient Safety	PharmCon, Inc.	0.00	4.00	
5/6/2021	IB-12	Non-ACPE	Self Report	Implicit Bias Awareness for Pharmacists	N/A	Non ACPE LLC	0.00	2.00	
4/13/2021	0506-0000-15-037-H01-P	ACPE	ACPE	Introduction to Antibiotic Stewardship	Disease State Mgmt/Drug Therapy	Cardinal Health Pharmacy Services, LLC	0.00	4.00	
4/5/2021	0798-0000-16-128-H03-P	ACPE	ACPE	Feeling the Burn - The Pharmacist's Legal Role in Treating Dry Eye	Law (Related to Pharm)	PharmCon, Inc.	0.00	3.00	

2/15/2021	IL7003-1209-18-002-H04-P	ACPE	ACPE	Implicit Bias Awareness for Illinois Health Care Professionals	General Pharmacy Topics	Pharmacist's Letter Therapeutic Research Center	0.00	2.00
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**Certificate Programs**

Date Awarded	Certificate Program #	Title	Provider/Issuer
6/15/2021	0777-20-010-CP	Sterile Compounding and Aseptic Technique 40 Contact Hours	Lone Star College - Tomball Pharmacy Technology
12/21/2020	0345-20-002-CP	Non-Sterile Compounding Essentials for Pharmacists and Technicians Certificate	University of Connecticut School of Pharmacy



# Questions?

If more questions come up, please email:

[pwt@acpe-accredit.org](mailto:pwt@acpe-accredit.org)

or

[cpemonitor@acpe-accredit.org](mailto:cpemonitor@acpe-accredit.org)

