



ACPE Continuing Education Activity Accreditation Application for State Boards of Pharmacy

Instructions: Complete this form for evaluation of a continuing education activity for ACPE credit. Complete all sections applicable for the activity, and assemble attachments, marking each attachment with the appropriate number. Assemble a single PDF file that includes this form and the required attachments with each attachment bookmarked. Submit the abstract/attachments to ACPE as instructed.

State Board Name:							
Activity Title:							
Activity Date (mm/dd/yyyy):	Click or tap to enter a date.	Activity Format: (Select one)	Providership: (Select one)	Commercial Support Received: (Select one)			
Activity Location (if Live Event) City, State or URL							
Activity Type [ACPE Standard 3]		<input type="checkbox"/> Knowledge	<input type="checkbox"/> Application	<input type="checkbox"/> Certificate	Contact Hours:		
Target Audience for Activity:		<input type="checkbox"/> Pharmacists	<input type="checkbox"/> Pharmacy Technicians	<input type="checkbox"/> Students/Interns	<input type="checkbox"/> Other members of the healthcare team		
Topic Designator		(Select one)					



State the **professional practice gap(s)** of your learners on which the activity was based (maximum 100 words). [ACPE Standard 2]



State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each).

Knowledge need *and/or*
Skills/Strategy need *and/or*
Practice need *and/or*



State the learning objectives for the CE activity [ACPE Standard 4]



Describe the opportunities for active learning, e.g. pre- and post-testing, quizzes, case studies, simulation exercises, problem-solving, group discussion, etc. [ACPE Standard 7]



State the requirements of the learner to receive ACPE credit.



Describe how the CE activity will be evaluated. [ACPE Standard 11]



Indicate the desirable attribute(s) of the learner (i.e., competencies) this activity addresses (select all that apply)

Institute of Medicine Competencies

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

Competencies for Pharmacy Technicians Adapted from Pharmacy Technician Certification Board

- Pharmacology for Pharmacy Technicians
- Pharmacy Law and Regulations
- Sterile and Non-Sterile Compounding
- Medication Safety Verbal Communication Skills
- Pharmacy Quality Assurance
- Medication Order Entry and Fill Process
- Pharmacy Inventory Management
- Pharmacy Billing and Reimbursement
- Pharmacy Information System Usage and Application

Competencies for Pharmacists Center for Advanced Pharmacy Education Competencies

- Foundational Knowledge
- Essentials for Practice and Care
- Approach to Practice and Care
- Personal and Professional Development



ATTACHMENTS

Attachment 1	The activity topics/content , e.g., agenda, outline, handout or instructional materials (if available) [ACPE Standard 8]
Attachment 2	The form, tool, or mechanism used to identify relevant financial relationships of all individuals in control of content. [SCS 5.1]
Attachment 3	Evidence that you implemented your mechanism(s) to resolve conflicts of interest for all individuals in control of content prior to the start of the activity. [SCS 5.3]
Attachment 4	The disclosure information <u>as provided to learners</u> about the relevant financial relationships (or absence of relevant financial relationships) that each individual in a position to control the content of CE disclosed to the provider. [SCS 5.5]
Attachment 5	Examples of active learning/learning assessment tools that will be utilized. [ACPE Standard 7, 9]

If the activity was **COMMERCIALY SUPPORTED** ...

Attachment 6	Each executed commercial support agreement for the activity. [SCS 5.3]
Attachment 7	The commercial support disclosure information <u>as provided to learners</u> . [SCS 5.6]

Note: If this activity is an enduring material, journal-based CE, or Internet CE, please include the actual CE product (or a URL and access code – if applicable).

If ACPE staff have any questions, please include the following contact information:

Name of Individual responsible for CE activity:	
Job Title:	
Mailing Address:	
Phone:	
Fax:	
e-mail:	
Signature of State Board Member Representative:	
Date of Signature:	

ACPE staff use only:

CE Activity:	<input type="checkbox"/> May offer ACPE Credit <input type="checkbox"/> May not offer ACPE credit
If accredited, Universal Activity Number to be used:	
Reviewers:	
Date Reviewed:	
Date State Board contacted regarding decision:	
Date range that credit must be entered into CPE Monitor™	