

**ACPE Continuing Education Activity Accreditation Application for State Boards of Pharmacy**

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| **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. |

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

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|  | Indicate the desirable attribute(s) of the learner (i.e., competencies) this activity addresses (select all that apply) |
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**Competencies for Pharmacy Technicians Competencies for Pharmacists**

**Institute of Medicine Competencies Adapted from Pharmacy Technician Center for Advanced Pharmacy Education Certification Board Competencies**

Provide patient-centered care  Pharmacology for Pharmacy Technicians  Foundational Knowledge

Work in interdisciplinary teams  Pharmacy Law and Regulations  Essentials for Practice and Care

Employ evidence-based practice  Sterile and Non-Sterile Compounding  Approach to Practice and Care

Apply quality improvement  Medication Safety  Verbal Communication Skills  Personal and Professional Development

Utilize informatics  Pharmacy Quality Assurance

Medication Order Entry and Fill Process

Pharmacy Inventory Management

Pharmacy Billing and Reimbursement

Pharmacy Information System Usage and Application

**For all INDIVIDUALS IN CONTROL OF CONTENT for the activity …**

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| --- | --- |
|  | Complete the table below. If you have this information already available electronically, then simply include it as part of Attachment 2. For each individual in control of content, list the name of the individual, the individual’s role (e.g., planner, editor, content reviewer, faculty) in the activity, the name of the [ACPE/ACCME-defined commercial interest](https://www.acpe-accredit.org/pdf/Criteria_For_Quality%20-%20Commercial%20Interest.pdf) with which the individual has a relevant financial relationship (or if the individual has no relevant financial relationships), and the nature of that relationship. [SCS 5.1 – 5.3]  (Note: please ensure that when you are collecting this information from individuals, that you are using the most current definitions of what constitutes a relevant financial relationship and ACPE/ACCME-defined commercial interest.) |

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| **Name of individual**  **(Degree, Job Title, Place of Employment)** [ACPE Standard 6] | **Individual’s role in activity** | **Name of commercial interest** | **Nature of relationship** |
| *Example: Jane Smythe, MD, Professor of Medicine, Infectious Diseases, ACME University* | *Course Director* | *None* | *---* |
| *Example: Thomas Jones,PharmD, BCPS, Infectitious Disease Services, Peoples Hospital* | *Faculty* | *Pharma Co. US* | *Research grant* |
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(If there are additional individuals in control of content for the activity, please attach a separate page using the same column headings.)

**IF the activity was COMMERCIALLY SUPPORTED …**

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|  | Complete the table below. If you have this information already available electronically, then simply include it as part of Attachment 8. List the names of the commercial supporters of this activity and the dollar value of any monetary commercial support and/or indicate in-kind support. [SCS 5.4 – 5.6] |
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| **Name of commercial supporter** | **Amount of monetary commercial support** | **In-kind** |
| *Example: XYZ Pharma Company* | *$5,000* | *☐* |
| *Example: ABC Medical Device Company* |  | *☒* |
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(If there are additional commercial supporters, please attach a separate page using the same column headings.)

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| C:\Users\mkopelow\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\XSYU1EK2\MC900442155[1].png | **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** forall individuals in control of content prior to the start of the activity. [SCS 5.3] |
| **Attachment 4** | The disclosure information as provided to learners 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 COMMERCIALLY SUPPORTED …**

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| **Attachment 6** | Each executed commercial support agreement for the activity. [SCS 5.3] |
| **Attachment 7** | The commercial support disclosure information as provided to learners. [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:**

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| 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:**

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| CE Avtivity: | May offer ACPE Credit  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 ionto CPE Monitor™ |  | |