

# NYSCHP

New York State Council of  
Health-system Pharmacists

## COSPONSORSHIP AGREEMENT WITH ANOTHER ACPE-APPROVED PROVIDER

Program Title: \_\_\_\_\_

Program Date: \_\_\_\_\_

Program Location: \_\_\_\_\_

Universal Program Number: \_\_\_\_\_

Responsibility for various aspects of the development, delivery and/or distribution of the above listed program will be as follows:

	<b>Provider A</b>	<b>Provider B</b>
Educational needs assessment	_____	<u>  X  </u>
Faculty selection	_____	<u>  X  </u>
Faculty guidance	<u>  X  </u>	_____
Instructional materials development	<u>  X  </u>	_____
Learning assessment materials development	_____	<u>  X  </u>
Program announcement materials	_____	<u>  X  </u>
Registration	_____	<u>  X  </u>
Determination of requirements of credit	<u>  X  </u>	_____
Determination of amount of credit	<u>  X  </u>	_____
On-site management	_____	<u>  X  </u>
Site selection and arrangements	_____	<u>  X  </u>
Awarding of online statement of credit	<u>  X  </u>	_____
Tabulation of program evaluations	<u>  X  </u>	_____
Record keeping	<u>  X  </u>	_____
Assignment of UAN	<u>  X  </u>	_____

It is agreed that both providers will have full access to all records associated with the above listed program.

Signed:

*R. Hamington*

Date: 2019

Provider A

\_\_\_\_\_  
Date:

Provider B