

NYSCHP | New York State Council of Health-system Pharmacists

230 Washington Avenue Extension, Albany, NY 12203
(518) 456-8819 • Fax: (518) 456-9319

Dear Cosponsor:

Thank you for your interest in working with the New York State Council of Health-system Pharmacists (NYSCHP) in providing educational programs with continuing pharmaceutical education (CPE) credit for pharmacists and pharmacy technicians. The NYSCHP is approved as a provider of continuing pharmaceutical education by the Accreditation Council for Pharmacy Education (ACPE)

Attached please find a Continuing Education Program Agreement between NYSCHP and *Your Organization*. This agreement outlines the financial terms for ACPE credit and the information that ACPE requires prior to approval. Once the program is approved by ACPE, the NYSCHP will need to be notified 30 days in advance each time the program is presented for continuing education credit. Statements of Continuing Pharmacy Education Credit are available on-line through survey links available at nyschp.org to participants upon the conclusion of the program. Participant must verify attendance at the meeting by entering the program CE code within a 45-day window and they must be registered with NABP for the myCPEmonitor program. NYSCHP transmits the data to NABP as soon as the participant evaluates the CPE online provided that all information put into the system is accurate.

Please review the attached agreement and return a signed copy as soon as possible. If you have any questions, please do not hesitate to contact NYSCHP at 518-456-8819. We look forward to hearing from you.

Sincerely,



Rebecca Harrington
CE Administrator

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Continuing Education Program Agreement

TITLE: _____
SPEAKER NAME: _____
DATE: _____
LOCATION: _____
TIME: _____
CEUS: 0. (.0Contact hours)

1. _____ agrees to pay NYSCHP a one-time set-up fee of \$250.00 per CPE contact hour for the above entitled program(s).
2. _____ agrees to pay a \$500.00 fee for access to the online CE processing system (online reporting required by ACPE the accrediting organization and NABP) for the above-mentioned program.
3. _____ agrees to provide a list of attendees in an excel spreadsheet identifying the attendees first name, last name and email for uploading into MY CPE Monitor.
 - ◆ NYSCHP will pay the ACPE fee associated with this program.
 - ◆ _____ agrees to notify NYSCHP of the repeat of the program 30 days prior to the program date.
 - ◆ _____ agrees to send out a program brochure for a repeat program to attendees 30 days prior to the date of the repeat program, in addition to providing a copy of the repeat program brochure as required by ACPE.
 - ◆ _____ agrees to pay any honorarium and/or speaker expenses directly to the speaker(s) of the program (if applicable).
 - ◆ _____ agrees to provide the following information **six (6) weeks** prior to ACPE approval:

This information must be emailed to the Council Office Six (6) Weeks before the program.

Apply for program approval and an ACPE Universal Activity Number. Submit the following information to NYSCHP, the ACPE accredited provider, via email to ceprograms@nyschp.org. **IF YOU CANNOT COMPLY WITH THIS TIMEFRAME PLEASE CALL THE COUNCIL OFFICE AT 518-456-8819 TO AVOID DENIAL OF PROGRAM APPROVAL. If you are repeating an already approved program, NYSCHP must receive 30 days notice of the program and a copy of the brochure 30 days in advance, which must be sent to the potential attendees 30 days in advance, also.**

Forward via email the following items: (retain one copy for your records)

- This checklist.
- Copy of the speaker(s)' CV with name and credentials.
- Copy of handout material prior to program for review by NYSCHP Office for bias.
- Identification of whether the program is a knowledge-based continuing professional education activity (CPE) where pharmacists and technicians acquire factual knowledge based on evidence as accepted in the literature by health care professions for a minimum credit of 15 minutes of 0.25 contact hours.
- Identification of whether the program is an application-based CPE activity designed for pharmacists and pharmacy technicians for applying information based on evidence as accepted in the literature by health care professions with a minimum credit or one contact hour.
- 3-5 Educational Goals and specific 3-5 Learning Objectives for each CEU requested. If program is knowledge-based, submit 1 learning objective for each 15-minute segment. If the intended audience will include pharmacy technicians, then there must be 3-5 additional Learning Objectives specific and measurable for technicians.
- 3-5 Self assessment questions with answers. This is essential for outcome measures and active learning.
- Draft of the meeting announcement/brochure for approval prior to dissemination which includes the following:
 - * Date, location and time of program
 - * Topic and Speaker(s)
 - * Intended audience

- * A copy of the program announcement that contains the **acknowledgement of financial support**, if applicable; indicate if the program is funded by a single source or multi source and what %
- * Cost and refund policy (include “no fee” if applicable)
- * Schedule of educational activities, separating food functions from educational functions; also separating educational programming from exhibit sessions
- * Registered ACPE symbol in proximity to the following sponsorship statement verbatim:



*®The NYS Council of Health-system Pharmacists is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This program, 0134-9999-__-__-L0 __-; 0134-9999-__-__-L0 __- is approved for __ CEU's)(__ contact hours). **Statements of Continuing Pharmacy Education Credit are available online to participants upon the conclusion of the program. These statements of credit are available 24/7. Credits must be completed 45 days from the date of the program. Participant must verify attendance at the meeting by entering the program CE code.***

Signature: _____ Please Print Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____ Fax Number: _____