



The New York State Council of Health-system Pharmacists

210 Washington Avenue Extension • Albany, NY 12203
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ACPE #: 0134-____-____-____-LO__

(Number Assigned by ACPE)

New York State Council of Health-system Pharmacists
NYSCHP SPONSORED EDUCATIONAL PROGRAMS
Checklist and Application for Continuing Education Accreditation

Organization: _____ Meeting Date: _____ CEU's Requested: _____

Program Title: _____

Representative: _____ Daytime Phone Number: _____ Fax Number _____

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 kfontana@nyschp.org. PLEASE DO NOT FAX REQUIRED DOCUMENTS. **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.**
- CV of the speaker(s) with name, work affiliation and credentials.
- Speaker Conflict of Interest
- Copy of handout material. Slide 2 must contain acknowledgement of conflicts stating none if there are none.**
- Program Type:** 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 of one contact hour.
- Educational Goals: 3-5 Educational Goals
- Learning Objectives: Pharmacists:** 3-5 Learning Objectives for each CEU requested. Learning objectives need to be specific, measurable, achievable, relevant and timed. If program is knowledge-based, submit 1 learning objective for each 15 minute segment.

The NAPLEX definition of CE for specific areas of competences for Pharmacists states:

- i. Assure safe and effective pharmacotherapy and optimize the therapeutic outcome.
- ii. Assure safe and accurate preparation and dispensing of medications
- iii. Provide healthcare information and promote public health.

Technicians: If the intended audience will include Pharmacy Technicians then there must be 3-5 additional Learning Objectives specific for technicians. The PTCB definition for specific competencies for Pharmacy Technicians states:

- iv. Assisting the pharmacist in serving patients.
- v. Maintaining medication and inventory control systems
- vi. Participating in the administration and management of pharmacy practice.

- Self-Assessment questions:** 3-5 Self-assessment questions with answers. This is essential for outcome measures and active learning. Identification of active learning techniques.
- Meeting Announcement:** Draft of the meeting announcement/brochure which includes the following:
 - * Date, location and time of program;
 - * Topic and Speaker(s) with speaker credentials, and work affiliation;
 - * 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 with food function listed separate from educational programming;
 - * Registered ACPE symbol in close proximity to the following sponsorship statement verbatim:



® ACPE Statement of Accreditation: *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. Participant must verify attendance at the meeting by entering the program CE code. Attendees have forty-five (45) days to evaluate the program and obtain their statements of credit.***

Payments to NYSCHP are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code (i.e., ordinary, necessary business expenses; miscellaneous itemized deduction).

Signature: _____ **Date:** _____