Virginia Department of
Health Professions
Board of Pharmacy

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4456 (Tel)
(804) 527-4472 (Fax)
pharmbd@dhp.virginia.gov
www.dhp.virginia.gov/pharmacy

APPLICATION FOR APPROVAL OF ACPE PHARMACY SCHOOL COURSE(S) FOR CONTINUING EDUCATION CREDIT

Name of Pharmacist or Pharmacy Technician		
Street Address		
City	State	Zip Code
Current license or registration number (if applicable)	Social Security Number or DMV control number on file with Board	
Name of Pharmacy School		
Street Address	Area Code and Telephone Number	
City	State	Zip Code
Type of Program ☐ Pharm.D.; ☐ Ph. D.; ☐ Other (explain)		
Beginning Date (of courses for one calendar year)	Expected Completion Date (of courses for same calendar year)	

IMPORTANT: Please complete page 2 of this application and attach a copy of your program schedule to include the name of each course, description of course content, type of course (i.e. classroom or lab), and number of hours per week spent in each course. Experiential rotations/practical experience/clerkships will not be approved for CE credit.

FOR BOARD USE ONLY: Preliminary approval conditioned upon satisfactory completion of course

The Virginia Board of Pharmacy accepts this program to substitute for ______________ contact hours of continuing pharmacy education for the calendar year ______________ upon certification by the Dean or Registrar that this applicant has successfully completed this coursework and has received academic credit..

Signature of the Executive Director for the Board of Pharmacy　　　　Date

This section is to be completed for prior approval of pharmacy school program for continuing education credits by the Board of Pharmacy. Only include credit hours for the one calendar year for which the student is seeking CE credit. If a student is seeking credit for coursework for more than one year, a separate form must be completed for each calendar year.

Preliminary Affidavit of Dean or Registrar

I hereby certify that the above referenced applicant is currently enrolled in the aforementioned education program, that this program is ACPE certified, and, if said program is successfully completed, the applicant will earn the following pharmacy education program credits:

Hours/Credits ____________ Calendar Year ____________

Signature of Dean/Registrar ____________ Date ____________

(SCHOOL SEAL)

If this program is approved by the Virginia Board of Pharmacy (page 1 of form) and if the applicant successfully completes the coursework for a calendar year, this final affidavit must be completed by the Dean or Registrar and this form maintained by the pharmacist as documentation of continuing education credits in accordance with 18 VAC 10-20-90 (D).

Final Affidavit of Dean or Registrar (to be completed upon successful completion of program by applicant)

I hereby certify that the above referenced applicant has successfully completed the aforementioned program and has earned the following credits in pharmacy education:

Hours/Credits ____________ Calendar Year ____________

Signature of Dean/Registrar ____________ Date ____________

(SCHOOL SEAL)