Virginia Department of Health Professions
Board of Pharmacy

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APPLICATION FOR APPROVAL OF A CONTINUING EDUCATION PROGRAM
Application Fee: $100

The required non-refundable fee must accompany the application. Make check payable to "Treasurer of Virginia".

Applicant—Please provide the information requested below. (Print or Type) Use full name not initials

Title of Program			
Name of Program Provider			
Street Address			Area Code and Telephone Number
City	State	Zip Code	Email address
Location (facility) where program is to be held	Street Address		
City	State	Zip Code	
Anticipated Date and Time of Program	Length of Program (Exclude meals, breaks, social activities, meeting, or administrative time)		
Room Arrangement (classroom, auditorium, conference style, etc.)	Number of hours credit requested for this program		
Anticipated Cost to Participant	Method of Promotion of Program	Method of Delivery of Program (live, self study, teleconference, etc)	
Address where required records will be maintained for three years			

For Board Use Only			
Date Received	Date sent to Committee	Date Approved	Program Number Assigned
CE Committee Member	**Approved**	**Number Hours Approved**	**Signature**
1.	☐ Yes ☐ No		
2.	☐ Yes ☐ No		

Please complete the following and label any requested attachments as indicated on this form:

1. **Have you provided other CE programs in Virginia within the last two years?** ☐ Yes ☐ No
   If yes, attach documentation listing program description, faculty, number of attendees, date of program, profession of attendees, length of program, and any certification granted. **(Attachment 1)**

2. **Are you accredited by any other group or agency?** ☐ Yes ☐ No
   If yes, attach documentation. **(Attachment 2)**

3. **Has this program been submitted to any other state board of pharmacy or the American Council on Pharmaceutical Education (ACPE)?** ☐ Yes ☐ No
   If yes, attach a list showing each state where approved and number credit hours granted by each state. Attach supporting documentation from each Board or ACPE. **(Attachment 3)**

4. **Has this program been approved for continuing education for any other health profession?** ☐ Yes ☐ No
   If yes, attach a list showing each profession and number credit hours granted. Attach supporting documentation. **(Attachment 4)**

5. **Is this program part of another event such as a convention, dinner meeting, etc.?** ☐ Yes ☐ No
   If yes, please attach a description of the setting and context for the program. **(Attachment 5)**

Please attach the following additional information and label as indicated:

LABEL	DESCRIPTION
Attachment 6:	**A complete description of program content including an outline or syllabus of the program.**
Attachment 7:	**Copies of any supportive materials that will be provided.**
Attachment 8:	**List of the educational objectives of this program based on program content and its relationship to the practice of pharmacy.**
Attachment 9:	**Faculty: list of each speaker or presenter and a copy of each person's resume or curriculum vitae.**
Attachment 10:	**Copy of pre-test and post-test and any other form used to evaluate effectiveness and successful completion.**
Attachment 11:	**Copy of sample certificate to be awarded upon successful completion.**
Attachment 12:	**Copy of any advertising brochure to be used to promote the program.**

Please read and sign the following statement:

I agree that if this program is approved, an authorized agent of the Board will be allowed to conduct on site monitoring of this program without payment of registration fees. I further agree to provide the Board, upon request any time within three years of the program date, documentation of program content, credit hours, names of participants, and credits awarded.

Signature of Applicant _____

Title _____

Date _____

Within 60 days following receipt of a complete application, the Board will notify the applicant of approval or disapproval of a program and of the number of credit hours allowed. There will be no refund of application fee regardless of whether approval is granted or denied or whether the program is held.