

**Name and address to where reply should be sent:**

\_\_\_\_\_ License # \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Approved \_\_\_\_\_ hrs. CE Credit

By: \_\_\_\_\_

Date Received \_\_\_\_\_

**Continuing Education Advisory Task Force**

**MINNESOTA BOARD OF PHARMACY**

2829 UNIVERSITY AVE SE #530

Minneapolis, MN 55414-3251

Phone: (651) 201-2825 Fax: (612) 617-2262

E-mail: pharmacy.board@state.mn.us Web: www.pharmacy.mn.gov

**CONTINUING EDUCATION PROGRAM APPROVAL FORM FOR PROGRAM ATTENDEES**

Directions: Please fill out this form for obtaining approval of the previously unapproved program you attended. To receive credit your completed form should be submitted to the Board of Pharmacy within 90 days of your attendance

1. Program Data

- A. Program Title: \_\_\_\_\_
- B. Program Site: \_\_\_\_\_
- C. Program Date: \_\_\_\_\_
- D. Credit Hours Requested (#): \_\_\_\_\_ E. Program Type (seminar, study group, etc.): \_\_\_\_\_

2. Title and address of major sponsoring organization:

- Name: \_\_\_\_\_
- Street Address: \_\_\_\_\_
- City/State/Zip: \_\_\_\_\_

3. List any multiple sponsors:

Person responsible for the CE

Program	Address	Telephone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Evaluation:

A. Describe the methods employed for participants to assess their achievement of the objectives stated in the program brochure or announcement.

B. Describe the methods used for you as an attendee to provide feedback to the provider on the program or its presentation.

- 5. Please attach a copy of the program announcement, if available.
- 6. Please send a copy of the program outline.
- 7. Please send a copy of the Certificate of Attendance.

\_\_\_\_\_  
 (Name and Title of Person completing this form.) (Telephone #) (Date)

Please send this completed form to the address shown above.