MINNESOTA
BOARD OF PHARMACY

Continuing Education Program Approval Form for Non-ACPE Program Attendees

Complete this form to request approval of a previously attended, non-ACPE, continuing education program that you attended. **This form, and all accompanying documentation, must be submitted to the Minnesota Board of Pharmacy within 90 days of completing the course to be considered for credit.**

Person Attending Course

Name _____ License or Registration # _____

Address _____

City _____ State _____ Zip _____

Program Information

Program Title _____

Program Site _____

Date Program Completed _____ Credit Hours Requested _____

Program Type (Seminar, Online, Etc.) _____

Program Sponsor

Business Name or Person Responsible for the Program _____

Address _____

City _____ State _____ Zip _____

Evaluation

Describe the methods employed for participants to assess their achievement of the objectives stated in the program brochure or announcement as it pertains to your profession.

_____

_____

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

_____

_____

Additional Documentation

☐ A copy of the program announcement is attached.

☐ A copy of the program outline or syllabus is attached

☐ A copy of my certificate of attendance is attached.

By signing below, I certify that I have completed the above referenced course, attached my course documentation to this form, and have submitted the information to the Minnesota Board of Pharmacy within 90 days of completing the course.

_____ _____

Signature Date

Office Use Only

Date Received Approved hours _____ Initials _____

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