

CONTINUING EDUCATION PROVIDER RENEWAL FORM

Directions: Please fill out this form to apply for renewal of your approved provider status in Minnesota. Your completed form should be submitted to the Board of Pharmacy office in advance of the first scheduled date for your continuing pharmaceutical education activity.

1. Name and address of organization or individual seeking approval:

Phone Number: _____ **Email Address:** _____

2. Name and address of individual responsible for continuing education program where this differs from #1:

3. Administrative requirements:

- a. Do you agree to maintain attendance records showing the name and address of each participant and the number of hours of their attendance for a period of at least three years? **Yes No**

- b. Do you agree to maintain a description of each program you produce and make such description available to the Board for at least three years after completion of the program? **Yes No**

4. Educational content development: Do you agree to conduct a needs assessment that involves your anticipated audience, prepare learning objectives and prepare an evaluation instrument? **Yes No**

5. Methods of delivery: If home study courses are offered, which do not require personal attendance (e.g. cassette tapes, journal articles, web-based programs, etc.), do you agree to make provisions for the pharmacist to demonstrate completion of these courses?
Yes No

6. **Evaluation:**

- a. Describe the methods that will be employed for the participants to assess their achievement of the objectives stated in the program brochures or announcements:

- b. Describe the methods that will be employed to provide feedback to the provider on the program and its presentation:

7. **Administrative Changes:** Do you agree to keep the Board informed of any administrative changes affecting CE programming? **Yes No**

8. **Program Description:** Do you agree to submit a completed Program Description Form in advance of the initial offering of each program? **Yes No**

Name and title of person completing this form

Date

Please print, sign and date this form and return to:

Cody Wiberg, Executive Director
Minnesota Board of Pharmacy
2829 University Avenue SE, Suite 530
Minneapolis, MN 55414-3251

Phone Number: (651) 201-2825

Fax Number: (612) 617-2262

Email: pharmacy.board@state.mn.us