

Single Program Continuing Education Application

Complete this form to apply for a program to be designated as an approved continuing education program by the Minnesota Board of Pharmacy. Minnesota Rule 6800.1500 Subpart 3a.

Applications may be made by an association, corporation, educational institution, organization, group, or person, not presently approved as a continuing education provider.

Applications for program approval must be submitted not less than 45 days prior to the commencement of the program. The Board shall assign the number of credit hours to each program and shall grant approval or deny approval of applications within 60 days of receiving the application and supporting documents.

Include the following when submitting this application:

- **Sample of program announcements:** For those with a history of providing programs, please attach a sample of the program announcement or promotional piece, including methods of delivery, faculty qualifications, program outline, evaluation forms used, and attendance lists utilized for your four most recent continuing education programs.

Name and Address of Organization or Individual Applying

Full Name		
Street Address		
City	State	ZIP Code
Email Address	Phone Number	

Name and Address of Individual responsible for continuing education program if different than above.

Full Name	
Email Address	Phone Number

Program Information

Name of Program	
Date of Program	Proposed number of CEs

Answer the following questions:

Yes No

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?

Do you agree to keep the Board informed of any administrative changes affecting CE program?

Do you agree to maintain a description of the program you produce and make such description available to the Board for at least three years after completion of the program?

If home study courses are offered, which do not require personal attendance, do you agree to make provisions for the pharmacist to demonstrate completion of these courses?

Indicate who the intended audience is:

Pharmacists

Technicians

Both

Evaluation Methods

Describe the methods that will be employed for the participants to assess their achievement of the objectives stated in the program brochures or announcement

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

The applicant shall agree to maintain records of program content, evaluation summary, and attendance for at least three years following completion of each program.

Name and Title of Person Completing Form

Date

Return Completed form and supporting documents to pharmacy.board@state.mn.us