



Oregon

John A. Kitzhaber, MD, Governor

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Phone: 971 / 673-0001
Fax: 971 / 673-0002

E-mail: pharmacy.board@state.or.us

Web: www.pharmacy.state.or.us

TO: Continuing Education Attendees and Providers
FROM: Gary Miner R.Ph, Compliance Director
SUBJECT: Approval for Continuing Education Programs

TO SUBMIT A CE PROGRAM FOR APPROVAL AS AN ATTENDEE OR PROVIDER PLEASE:

1. COMPLETE the attached "Application for Continuing Education Approval".
 - A. Type or print information clearly.
 - B. Complete **ALL** information, **being sure to include** the date, time of program, name and address of the location.
 - C. Indicate the number and type of CE hours requested: Pharmacy and Drug Law, Patient Safety or Medication Error Reduction, or other pharmacy or health related topic.
2. SUBMIT a copy of the **application AND** a program syllabus, brochure or other applicable document(s) to the board office for our file.
 - A. After the application is reviewed you will be notified.
3. **PROVIDERS also must:**
 - A. MAINTAIN attendance records for **three years** after the program.
 - B. SUPPLY attendees with a certificate as "proof of program completion" **filled out by the provider**.
 - C. The necessary attendee certificate **must** contain:

▪ Date of the Program	▪ Program type(s) and number of hours provided
▪ Participant's name	▪ Sponsoring organization
▪ Program title	▪ Signature of authorized person of the sponsoring organization

Per OAR 855 Division 21, during the period from June 1 through May 31 of each license renewal cycle, each pharmacist must have satisfactorily completed 15 contact hours of continuing education (CE) in an approved program. This requirement may be fulfilled by attending an approved CE program or per OAR 855-021-0010:

(8) Pharmacists taking post graduate studies applicable to graduate or professional degrees may submit the course syllabus and evidence of satisfactory completion of the course for continuing education credit approval by the Board.

(9) The Board may approve up to 14 (fourteen) hours of CE credit for licensees who have successfully completed Disease State Management courses certified by the NIPCO, NISPC, BPST, or other appropriate certified programs sponsored by established credentialing groups.

In addition, attending life saving/support training may be approved for CE hours as follows:

- ACLS, PALS or Immunization training may be approved for up to 14 contact hours
- CPR training may be approved for up to 4 contact hours
- BLS training may be approved for up to 2 contact hours

To obtain approval following completion of training, please **submit** a completed application with an attached copy of “proof of attendance”.

Also, CE hours may be earned as a **PROVIDER** of a CE program. OAR 855-021-0010 (7) states that: A maximum of 10 hours may be earned in any licensing year by preparing and presenting CE programs. Pharmacists presenting CE programs may earn one hour for preparation time of one hour or more, plus credit for the actual contact hour time of the presentation. A pharmacist must show content of the course, and a description of the intended audience (e.g., pharmacists, physicians, nurses). Public service programs, such as presentations to school children or service clubs, are not eligible for continuing education credit.



Oregon

John A. Kitzhaber, MD, Governor

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Phone: 971 / 673-0001
Fax: 971 / 673-0002

APPLICATION FOR CONTINUING EDUCATION APPROVAL

Please **attach ONE (1) copy** of the program syllabus, brochure or other applicable document(s) and refer to them in filling out this form.

PLEASE TYPE OR PRINT CLEARLY

Date Submitted: _____

Requesting as an: [] Attendee [] CE Provider Name: _____

Provider / Sponsor: _____

Address: _____ Phone: _____

Contact Person: _____

Title of Program: _____

C.E. credit (50 min. = 1 clock hr) Law/Ethics: _____ Patient Safety/Medication Error: _____ Pain Mgmt: _____

Other topic: _____ (topic: _____)

Total contact hours: _____ Date of Program: _____ Time: _____

Location name and address: _____

_____ Phone: _____

Brief description of Program & Objectives: _____

Program Format (PowerPoint, lecture, demonstration): _____

Name(s) of speaker(s) & qualifications: _____

Method of program evaluation: _____

Providers MUST:

- Submit this application to the Board before the date of the program.
- Maintain attendance records for 3 years after the program.
- Supply participants with a proof of attendance certificate, filled out ONLY by the provider, that **MUST** contain:

<input type="radio"/> Date of the program	<input type="radio"/> Program type(s) and number of hours provided
<input type="radio"/> Participant's name	<input type="radio"/> Sponsoring organization
<input type="radio"/> Program title	<input type="radio"/> Signature of authorized person of the sponsoring organization

NOTE: Board members or staff may attend CE programs for the purpose of evaluating the content, format and appropriateness of the material per OAR 855-021-0010(10).

RETURN CONFIRMATION [] Yes [] No

VIA:

E-mail: _____

Fax #: _____

or Mail: _____

PROGRAM APPROVED [] Yes [] No

BY: _____

DATE: _____