



# Oregon

Kate Brown, Governor

Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland, OR 97232  
Phone: 971 / 673-0001  
Fax: 971 / 673-0002  
[pharmacy.board@state.or.us](mailto:pharmacy.board@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**.

The required attendee certificate **must** contain:

- Date of the Program
- Participant's Name
- Program Title
- Program type(s) and number of hours provided
- Sponsoring Organization
- Signature of authorized person of the sponsoring organization

ADDITIONAL CONTINUING EDUCATION INFORMATION

Per OAR 855 Division 21, during the period from July 1 through June 30 of the biennial license renewal cycle, each pharmacist must have satisfactorily completed 30 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 26 hours of CE credit for pharmacists who have successfully completed nationally certified Disease State Management courses.

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 20 hours may be earned in any licensing cycle by preparing and presenting CE programs. Pharmacists presenting CE programs may earn one contact 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).

Note: Public service programs, such as presentations to school children or service clubs, are not eligible for continuing education credit.



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## 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 Error Prevention: \_\_\_\_\_ 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="checkbox"/> Date of the program	<input type="checkbox"/> Program type(s) and number of hours provided
<input type="checkbox"/> Participant's name	<input type="checkbox"/> Sponsoring organization
<input type="checkbox"/> Program title	<input type="checkbox"/> Signature of authorized person from sponsoring organization

RETURN CONFIRMATION  Yes  No

via:  
 E-mail: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Mail: \_\_\_\_\_

PROGRAM APPROVED  Yes  No

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

