



OREGON BOARD OF PHARMACY
800 NE OREGON ST, SUITE #150
PORTLAND OR 97232
PHONE - (971) 673-0001
FAX - (971) 673-0002

TO: CE PROVIDERS

FROM: Gary Miner R.Ph, Compliance Director

SUBJECT: CONTINUING EDUCATION PROGRAM REQUIREMENTS

To submit a program for C.E. approval please:

1. Complete the attached application for C.E. Program approval 30 days prior to the presentation.
 - A. Type or print information clearly.
 - B. Complete **all** information, **BE SURE TO INCLUDE** the date, time of program, name and address of location.
 - C. Indicate number and type of hours: Law and Ethics, Therapeutics, Pain Management or Other Pharmacy related topics.
2. Submit a copy of the **application** to Board office and **ONE** program **syllabus**
 - A. One application and syllabus for our file.
 - B. If the application for C.E. credit is **NOT** approved you will be notified.
3. **Providers must** maintain records for **three** years after the program. They must also supply participants with proof of attendance. The **provider must** fill out the certificate of attendance.

The attendees certificate must contain:

1. Participants name
2. Number of therapeutic hours provided
3. Number of law hours provided
4. Number of pain management hours provided
4. Number of other hours provided
5. Program title
6. Sponsoring organization
7. Date of program
8. Signature of authorized person of sponsoring organization.



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APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL

Providers **MUST** submit applications to the Board 30 days before the date of program, and provide the attendees with proof of attendance. Proof **MUST** show hours provided in one or more of the following categories: Laws or Other Pharmacy related topics.

PLEASE TYPE OR PRINT CLEARLY

Date Submitted: _____

Provider/Sponsor: _____

Address: _____ Phone: _____

Contact Person: _____

Title of Program: _____

CE credit (50 Min =1 Clock Hr) Law/Ethics: _____ Therapeutics: _____ Pain Management: _____

Other topics: _____ Total contact hours: _____

Date of Program: _____ Time: _____ Location: _____

Brief description of Program & Objectives: _____

Program Format (film, lecture, demonstration): _____

Name(s) of speaker(s) _____

Method of program evaluation: _____

Please attach **ONE (1)** copy of the program brochures or other applicable documents and refer to them in filling out this form.

The Provider **MUST** maintain records for 3 years and supply the participants with proof of attendance. The Certificates of attendance **MUST** be filled out ONLY by the Provider and be based on the approved registration list. The Certificates of attendance **MUST** specify the hours of CE credit by category; Law or Other pharmacy related topics.

ORAR 855-021-0010 (5) states that "A maximum of 10 hours (1.0 CEU) may be earned in any licensing year by preparing and presenting CE programs. Pharmacists presenting CE programs may earn one hour (0.1 CEU) for preparation time of one hour or more, plus credit for the actual contact hour 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".

Note: Board staff may attend CE for purpose of evaluating the content, format and appropriateness of the material per ORAR 855-021-0010 (8).

RETURN CONFIRMATION [] YES [] NO

FAX NO. _____

OR MAIL TO: _____

PROGRAM APPROVED: [] YES [] NO

DATE: _____

BY: _____