



APPLICATION FOR OREGON CONTINUING EDUCATION – REQUEST FORM

Please include related program documents (i.e. slides, learning objectives, syllabus, brochure, etc.). Submit this application to pharmacy.ce@bop.oregon.gov **at least 30 days prior** to the date of the program or **approval will not be granted.**

PLEASE TYPE OR PRINT CLEARLY

RPH/CPT License #: _____

Name: _____ Attendee -or- CE Provider

Email: _____ Sponsor (if applicable): _____

Address: _____ Phone: _____

Title of Program: _____

CE credit type: Law Safety/Error Prevention Pain Cultural Competency

On-Site Training (CPT only) Other Topic: (_____)

Total contact hours: _____ Date(s) of Program: _____

- Brief description of program & learning objectives:
- Program Format (PowerPoint, lecture, demonstration):
- Name(s) of speaker(s) & qualifications:
- Method of program evaluation:

Note: If you are requesting hours for preparing CE, be sure to indicate & include a description of audience:

Providers MUST:

- Maintain attendance records for 3 years after the program.
- Supply participants with a "proof of attendance" certificate, filled out ONLY by the provider; it MUST contain:
 - Date of the program
 - Participant's name
 - Program title
 - Program number
 - Sponsoring organization
 - Program type(s) and number of hours provided
 - A statement that the program is OR Board Approved
 - Signature of authorized person from sponsoring organization, to include contact information (email preferred)

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| PROGRAM APPROVED [] Yes [] No | PROGRAM NUMBER: _____ |
| NUMBER of HOURS APPROVED: _____ | APPROVAL DATE / Initials: _____ |
| NOTES: _____ | |