



ONTARIO COLLEGE OF PHARMACISTS

CE ACCREDITATION FORM

Please Note: We are not able to approve or list programs that have already occurred. Incomplete forms (including all attachments) will not be processed.

1. **Submission Date:** _____
2. **Title:** _____
3. **Date/Time(s):** _____
4. **Location(s):** _____
4. **Sponsor(s):** _____
5. **Program Summary:** (please attach brochures or handouts as appropriate)

6. **Audience** (please circle): Pharmacists Technicians Other: _____

7. Speaker(s) Information:

Name: _____
 Degree(s): _____
 Employer(s): _____
 Qualification to speak on topic: _____

8. Contact person who can provide additional information on program and verify participation, if necessary (this will also be the information appearing on our website and journal, if applicable):

Name: _____
Title: _____
Address: _____

tel: (____) _____ - _____ **fax:** (____) _____ - _____
e-mail: _____

OCP Use Only

No: _____

CEUs: _____

9. Is the Program being offered or promoted outside of Ontario?

- ___ Yes please contact the Canadian Council for Continuing Education in Pharmacy (CCCEP www.cccep.org) for accreditation or provide CCCEP accreditation number: _____
- ___ No please complete the information below



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10. Speaker(s) bio(s) (please attach)

11. Is the speaker an employee of the Sponsor? ____ Yes ____ No

12. Program outline/agenda (please attach)

13. Copy of participant evaluation form (please attach)

14. Copy of program/session abstract(s) (please attach).

15. Program length: (in hours and/or minutes, *including* any question and answer periods, *excluding* any coffee/lunch breaks): _____

16. Learning objectives (ex: participants will be able to list 3 ways to improve communication in a pharmacy setting)

i) _____

ii) _____

iii) _____

iv) _____

Please note: Any mention of specific drugs as opposed to drug classes, or any mention of sponsors during the actual presentation will lead to removal of CEUs.

Please return completed form to:

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