MARYLAND BOARD OF PHARMACY

4201 Patterson Ave, Baltimore, MD. 21215-2299
(410) 764-4755 (800) 542-4964 MD Only (410) 358-6207 Fax

CONTINUING EDUCATION PROGRAM APPROVAL FORM FOR PROGRAM ATTENDEES

BOARD USE ONLY

PROGRAM NUMBER _____

DATE APPROVED _____

EXPIRATION DATE _____

APPROVED CE CREDIT _____**HOURS**

APPROVED BY: _____

DIRECTIONS: Please fill out this form for obtaining approval of the program you attended. You should submit this request at least 45 days before the date an answer is needed. Incomplete forms cannot be processed, therefore, submit all required documentation.

1. Program Data:
   a. Program Title:
   _____
   _____
   b. Program Site:
   _____
   c. Program Date: _____
   d. Number of Hours of Credit Requested: _____
   e. Program Type (seminar, audio-cassette, study group, etc.)_____
   _____
2. Title and address of major sponsoring organization:_____
   _____

_____

3. List any multiple sponsors: _____

Person responsible for the CE program: Address: Telephone #:

_____ _____ _____

_____ _____ _____

4. Evaluation: _____

   a. Describe the methods employed for participants to assess their achievement of the objectives stated in the program brochure or announcement:

      _____

      _____

   b. Describe the methods used for you as an attendee to provide feedback to the provider on the program or its presentation:

      _____

      _____

5. Please attach a copy of the program, brochure or announcement and a Certificate of Attendance signed by an authorized sponsor of the program

6. Please send a copy of the program agenda, goals, objectives and presenter(s)=s qualifications.

PERSON COMPLETING THIS FORM (where approval notice will be sent):

_____
NAME (Type or Print)

_____
MD. Pharmacist License #

_____
ADDRESS

_____ _____ _____
CITY STATE ZIP CODE

_____ _____
Telephone Number (Work) (Home)

_____ _____
Signature (Date)

Please return this completed form to:

Maryland Board of Pharmacy
P.O. Box 2051
Baltimore, Maryland 21215-2299

Web site: dhmh.maryland.gov/pharmacy

CLEAR FORM PRINT FORM