

CONTINUING EDUCATION CHECKLIST

Program Name: _____

Date of Program: _____

Number of CE hours being requested _____ accredited/acceptable (circle one)

Name of Person Requesting Approval: _____

Contact Address: _____

Contact Phone#: _____

Before the Continuing Education Committee for the Nevada State Board of Pharmacy gives approval, the board office must receive the following materials at least sixty (60) days before the program is presented.

_____ Copy of materials to be distributed to participants

_____ CV or equivalent information on presenter(s)

_____ Program syllabus or specifications/objectives of the program

_____ Statement certificate will be provided to participants

-or-

_____ Copy of certificate presented to participants

_____ Statement evaluation form will be provided to participants for the purpose of evaluating program materials

-or-

_____ Copy of evaluation form

If any information is missing everything will be returned.

FOLLOW-UP: Within 60 days after the program, a list of pharmacist participants must be received at the board office. This list of pharmacists can be mailed prior to receiving notification of approval.

FOR OFFICE USE ONLY

_____ Date Received by Board Office