



**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
www.pharmacy.ks.gov (785)296-4056

**REGISTRATION APPLICATION:  
CE Approval Request - Individual  
Form E-200**

**INSTRUCTIONS**

All applications must be typed, be complete, and include all supporting documentation before they will be processed by staff.

An individual who would like to receive CE for a non-ACPE course that has not already been approved by Kanas should complete this form to obtain approval for programs at least 10 days in advance of the scheduled date of the continuing pharmaceutical education. Include copies of all CE program materials, including speaker credentials and bios, program descriptions, agenda, course length, slides, and any other pertinent information which may help the CE Review Committee understand the pharmacy-related education.

Requests will be reviewed by the CE Review Committee on a monthly basis. You will be notified if the Committee members have questions or require additional information. Please respond timely as failure to respond may result in delays or a denial of your request.

**REQUESTOR INFORMATION**

Name			
Mailing Address			
City	State	Zip	Email

**CONTINUING EDUCATION**

Name of Sponsoring Organization			
Program Title			
Program Location (Event Center and Address)			
City	State	Zip	Type: <input type="checkbox"/> Online <input type="checkbox"/> In-Person
Date	Time		Total CE Hours

**PROGRAM OBJECTIVES**

Describe the pharmacy objectives for the proposed continuing education. Attach additional pages if needed.

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**CERTIFICATION**

*I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this application and that the information provided is true, correct, and complete to the best of my knowledge.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

Initials: _____	<b>OFFICE USE ONLY</b>
Course #: _____	APPROVED    DENIED    Date: _____