

**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 - Provider
Form E-100**

INSTRUCTIONS

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

Continuing Education providers should complete this form to obtain approval for programs at least 10 days in advance of the scheduled date of the continuing pharmaceutical education activity. Provide copies of program announcements or promotional items, methods of CE delivery, faculty qualifications, program outline, evaluation forms, and the participant certificate of completion.

Upon submission to the Board, you may advertise this course as "Pending Approval by the Board." Requests will be reviewed by the CE Review Committee on a monthly basis and the outcome will be reported to the contact person promptly. You will also 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.

PROVIDER INFORMATION

Provider Name

Mailing Address

City

State

Zip

Fax

Contact Person

Direct Phone

Email

CONTINUING EDUCATION

Program Title

Program Location (Event Center and Address)

City

State

Zip

Type: Online In-Person

Date

Time

Total CE Hours

PROGRAM OBJECTIVES

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

ADMINISTRATIVE REQUIREMENTS

- Yes No Do you maintain attendance records showing the name and address of each participant and the number of hours of attendance for a period of at least five years?
- Yes No Do you make records available to participants and the Board upon request for a period of at least five years?
- Yes No Do you offer continuing education free of commercial bias?
- Yes No Do participant continuing education certificates meet all requirements of KAR 68-1-1b?



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METHOD(S) OF DELIVERY: _____

EVALUATION METHODS

Describe the methods that will be employed for the participants to assess their achievement of the stated program objectives.

SPECIFIC RELATION TO PRACTICE OF PHARMACY

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: _____	OFFICE USE ONLY
Course #: _____	APPROVED DENIED Date: _____