

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

INDIVIDUAL REQUESTS FOR CONTINUING EDUCATION CREDIT

In order to review a request from an individual licensee, a copy of the promotional information **(time, date(s), location, speaker(s), objective(s))** must be furnished to the Board office at least **45 days prior** to presentation.

Dually licensed professionals may submit a program that they are attending for the license that they may be using primarily. As long as the course contains the maintenance, treatment of a particular disease state or contains a form of pharmacology, partial or full credit will be given.

ALL CONTINUING EDUCATION MUST BE PRIOR APPROVED ACCORDING TO CHAPTER 465,009; 465.012; 465.025-026 F.S. AND RULES 64B16-26.103; 26.300-302; 26.320; 26.600-603; 26.606; AND 28.904, F.A.C. ATTACHED.

Programs approved by the American Council on Pharmaceutical Education (ACPE) are accepted for **Pharmacist (PS) General Education** by the Board without any further review or consideration.

INDIVIDUAL PHARMACIST REQUEST FOR APPROVAL OF CONTINUING EDUCATION

(Please Type or Print Legibly)

NAME OF INDIVIDUAL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE: _____

NAME OF PROGRAM _____ DATE _____

CITY _____ STATE _____

Please Check Category of Continuing Education Requested:

General _____ HIV/AIDS _____ Med Errors _____ Order/Eval Lab Test _____

Consultant Initial Certification _____ Consultant Recertification _____ Nuclear _____

Indicate the number of CE hours : Live CE Hours _____ Home Study CE Hours _____

PLEASE ATTACH 4 COPIES OF THE PROGRAM AND/OR BROCHURE AND IDENTIFY THE SEGMENTS OF ATTENDANCE.