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## **Individual Requests**

Individual requests to have a course approved must be made on the attached form and submitted in advance of completion of the course for approval with the course description and outlined content in accordance with Section 465.009(5), F.S. The Board has adopted rules within the requirements of this section that are necessary for its implementation, including a rule creating a committee composed of equal representation from the Board, the colleges of pharmacy in the state, and practicing pharmacists within the state, whose purpose shall be to **approve the content of each course offered for continuing education credit prior to the time such course is offered.**



**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.

**ALL CONTINUING EDUCATION MUST BE APPROVED BY THE BOARD BEFORE TAKING THE COURSE.**

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 PARTICIPENT 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** \_\_\_\_\_

Indicate the number of CE hours and type requested: \_\_\_\_\_ Live CE \_\_\_\_\_ Home Study CE

- \_\_\_\_\_ General CE
- \_\_\_\_\_ HIV/AIDS
- \_\_\_\_\_ Order/Evaluate Laboratory Test
- \_\_\_\_\_ Consultant Certification
- \_\_\_\_\_ Consultant Recertification
- \_\_\_\_\_ Laws and Rules
- \_\_\_\_\_ Medication Error
- \_\_\_\_\_ Nuclear CE
- \_\_\_\_\_ Immunization Course
- \_\_\_\_\_ Technician CE
- \_\_\_\_\_ Quality Related Event (Disciplinary Course)

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