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 PARTICIPANT 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.

DOH/MQA/PH112 (Revised 6/12)
Rule 64B16-26.103, F.A.C.