



OKLAHOMA STATE BOARD OF PHARMACY

4545 Lincoln Blvd, Ste 112, Oklahoma City, OK 73105-3488

Phone: (405) 521-3815 / Fax: (405) 521-3758

www.pharmacy.state.ok.us

e-mail: pharmacy@osbp.state.ok.us

APPLICATION FOR EVALUATION OF CONTINUING EDUCATION

A self-addressed stamped envelope must be submitted to receive notice of evaluation - **No envelope, No reply!**

1. Name of sponsor: _____
2. Title of program: _____
3. Name of person presenting program: _____
4. Date of program: _____
5. Program location: _____ Time: _____
6. Address of sponsor: _____
7. Individual or organization responsible for organizing program:

8. Individual submitting program for evaluation: _____
9. Program objectives: _____
10. Seminar [] Casette []
 Teleconference [] Accredited School of Pharmacy []
 Correspondence [] Post-graduate course []
 TV course [] Professional Society []
 Other _____ []
11. How will attendance or participation be proven? _____
12. Certificate awarded: Personally [] Mailed [] Other []
13. Estimated CE contact time: _____

All programs to be evaluated must be submitted in their entirety. Tapes must be accompanied by a test or questionnaire. All materials received for evaluation will be retained by the Board. **All materials used, plus a list of participants receiving completion certificates, must be retained by the sponsor for four (4) years.**

FOR BOARD USE ONLY:

Envelope: ___ Yes ___ No

Date of Evaluation: _____

This program has been evaluated and is approved for _____ hours of CE credit for two (2) years from the date of evaluation.

(Initials of committee members)

(Signature of evaluator)

Remarks: