CE Event Form

This PDF is for preview purposes only. All submissions must be completed via the online form.

Use this form to submit a CE Event to the Office of Continuing Education (OCPE). Once submitted, Joint Providers or Speakers must submit an Activity Application for each individual activity. OCPE will review the submissions once all forms have been received.

Please indicate the name of the organization/company that is hosting the CE Event.

[   ]

Enter the names and emails of anyone that should be copied on correspondence regarding this event.

[   ]

For multi-activity events, submit the event title (e.g., Spring Seminar, Annual Meeting, etc.).

[   ]

What date(s) will this event take place on? If this event is a home study, enter the anticipated launch and expiration dates (maximum duration is 3 years).

[   ]

How will activity content be delivered to participants? Select all that apply.

☐ Live (In-person)
Where will the live, in-person (synchronous) event take place (i.e., city and state)

[   ]

☐ Live (Virtual)
What platform do you plan on using to deliver your live, virtual (synchronous) event (e.g., WebEx, Blackboard Collaborate, Zoom, GotoMeeting , etc.)?

[   ]

☐ Home Study
What delivery methods do you plan to use in this event? Select all that apply.

☐ Web-based (provider URL)   ☐ Computer Software (specify)
☐ Print-based (specify)   ☐ Other (specify)
☐ Teleconference (specify)

For multi-activity events, attach a draft agenda.
> Include: Number of presentations/sessions and speaker names

Will there be a registration fee for this event?
- o   There will be a registration fee for this event

    What type of fee do you charge? Select all that apply.
    - ☐   Registration: a one-time charge
    - ☐   Registration: A recurring fee, typically monthly or annually
    - ☐   Membership: A regular payment ot be part of an organization
    - ☐   Other Type of Fee (please specify)

- o   Not applicable; there is no registration fee for this event.

Pharmacy Learning Assistance Network (P.L.A.N.) Directory

P.L.A.N. is an online database where learners can search for ACPE-approved continuing education activities.

- o   I would like to list this activity in the Pharmacist Learning Assistance Network (PLAN)
- o   Not applicable, I would not like to list this activity in the Pharmacist Learning Assistance Network (PLAN) Directory

Was financial support obtained for this CE event? If yes, please include the names of the organization/grant providing the financial support.

- o   Yes

- o   No
- o   Pending

If financial support was obtained for this event, please select all that apply. You must select four of the options below.

- ☐   Financial or in-kind support was provided by an ineligible entity (e.g., pharmaceutical and/or device manufacturer).
- ☐   Financial or in-kind support was provided by an eligible entity (e.g., foundation, government, etc.), i.e. non-commercial support.
- ☐   Financial support was provided by only 1 grant supporter.
- ☐   Financial support was provided by more than 1 grant supporter.
- ☐   Fully supported (100%) by grant(s)
- ☐   Partially supported (<99.9%) grant(s)
- ☐   Activity would be conducted despite receipt of grant support.
- ☐   Activity would not be conducted if grant support was not received.