



ONTARIO COLLEGE OF PHARMACISTS

CE ACCREDITATION FORM

Program Provider:

Thank you for submitting your program to the Ontario College of Pharmacists (OCP).

OCP follows the Canadian Council on Continuing Education in Pharmacy (CCCEP) guidelines (www.cccep.org) to evaluate and accredit live Continuing Education (CE) programs in Ontario. Programs submitted for accreditation should be unbiased, evidence based and relevant to contemporary pharmacy practice or management. Programs should include active and/or interactive learning activities, which utilize adult education principles to help participants transfer knowledge to their practice. In addition, learner assessment and program evaluation tools are tools recommended for incorporation within CE programs.

For accreditation of live CE programs offered in multiple provinces outside of Ontario, as well as for independent-study and blended programs, please contact CCCEP at www.cccep.org.

General guidance for program providers seeking accreditation of CE programs:

- Applications to OCP for accreditation must be submitted together with relevant documentation a minimum of seven business days prior to the initial presentation. **Retrospective accreditation will not be granted.**
- Generic names must be used by the presenter and in all presentation materials unless there is no practical way to identify products with multiple ingredients. When use of a proprietary name is required, all pertinent proprietary names must be used.
- Programs must not be used for promotion of products, services or companies.
- Programs must be appropriately referenced.

For complete details on CCCEP accreditation guidelines, visit www.cccep.org .

The attached Program Evaluation Form provides OCP with the information required to assign Continuing Education Units (CEUs) to your program and list your program on the OCP website and bi-monthly publication '*Pharmacy Connection*'. CCCEP-approved CE programs with the CCCEP accreditation number may be submitted for posting on these sites.



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Submission Date: _____ **Program Date:** _____

Program Title: _____

Program Location(s) (venue and city): _____

Audience (Please circle): Pharmacists Technicians Other (specify) _____

Program Provider: _____

Contact Name: _____

Title: _____

Telephone: _____ Fax: _____

Email: _____

Program Sponsor(s) Contact Info: (If different from Program Provider)

Speaker(s) Information: (Please attach Biography/mini- CVs)

Name: _____

Degree(s): _____

Employer(s): _____

Qualification to speak on topic: _____

Telephone: _____ Fax: _____

Email: _____

Speaker and/or Author of CE: (Please complete Author/Speaker Form below)



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Program Details: (Please attach presentation slides, brochures, handouts and any other information pertaining to the program)

Program Length: (*Include* question/answer periods, *exclude* refreshment breaks)

Learning Objectives: (e.g.: participants will be able to list 3 ways to improve communication in a pharmacy setting)

Describe how the presentation pertains to pharmacy practice: (Attach additional pages if required)

Participant Evaluation form: (Please attach a copy)

Please return completed form to:

Carol Culhane
Continuing Competency Programs
Ontario College of Pharmacists
483 Huron Street, Toronto, ON M5R 2R4
Tel: (416) 847-8251
Fax: (416) 847-8281
E-mail: cculhane@ocpinfo.com

OCP Use Only No: _____ CEUs: _____



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Author/Speaker Form

Author Speaker/Presenter Other (specify) _____

Author/Speaker name: _____

Title of CE event: _____

Organizer's name: _____

Affiliation/Commercial partnership/Sponsor(s): _____

CE Programs should be unbiased, accurate, evidence-based, relevant to contemporary pharmacy practice or management, and appropriately referenced.

Acknowledgement by Program Author and/or Speaker of Quality of CE. This CE program is	Yes	No
Clinically relevant	<input type="checkbox"/>	<input type="checkbox"/>
Unbiased	<input type="checkbox"/>	<input type="checkbox"/>
Current and factual	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-based	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately referenced	<input type="checkbox"/>	<input type="checkbox"/>

The possibility for bias or a conflict of interest occurs when the financial interests of a provider, author, presenter/speaker, or expert reviewer potentially precludes an unbiased, educational presentation of a subject. The disclosure of possible conflict of interest is requested not to censor, but to inform the audience so they may decide for themselves whether or not a presentation is biased.

DISCLOSURE STATEMENT	Yes	No
I have an actual or potential conflict of interest to report.	<input type="checkbox"/>	<input type="checkbox"/>
I am a member of the board of directors (or any other committee) of this commercial partnership.	<input type="checkbox"/>	<input type="checkbox"/>
I participated in the clinical study (or any other study) of the products of this commercial partnership.	<input type="checkbox"/>	<input type="checkbox"/>
I participated in the development of this training, which was supported by this commercial partnership.	<input type="checkbox"/>	<input type="checkbox"/>
As a speaker, I received compensation from this commercial partnership.	<input type="checkbox"/>	<input type="checkbox"/>
I am affiliated with, or have financial interests in, this commercial partnership.	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe):		

NOTE: Presenters should disclose any conflict of interest at the beginning of their presentation.

Signature: _____

Title: _____

Date: _____