



**DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION
BOARD OF PHARMACY**

Application for Approval to Provide Continuing Education Course

Institutions or organizations who seeks to obtain approval from the District of Columbia Board of Pharmacy (Board) as providers of continuing education programs for pharmaceutical detailers, should submit the enclosed application at least **sixty (60) calendar days** prior to each educational activity. The Board may approve continuing education programs that contribute to the growth of an applicant in professional competence in the practice of pharmaceutical detailing pursuant of Title 17 of District of Columbia Municipal Regulations (DCMR) 8307.

Groups approved to provide continuing education must have procedures for issuing a certificate of completion to each participant who successfully complete the activity and pay the required fees. The certificate must contain:

- ③ Name of the participant
- ③ Title and date(s) of the activity
- ③ Amount of credit awarded
- ③ Name of the provider sponsoring or cosponsoring the program
- ③ Dated certifying signature of administrator responsible for the approved provider's continuing education activities

Application for approval of continuing education activity with all supporting documents can be mail to or hand delivered Monday through Friday, between the hours of 9:00 am to 4:30 pm to:

Health Professional Licensing Administration
Board of Pharmacy
ATTN: Karin Barron, Health Licensing Assistant
899 North Capitol Street, NE
Washington, DC 20002

The application for approval and all supporting documents can also be emailed to Karin Barron, Health Licensing Assistant at Karin.barron@dc.gov.

The following support materials must be submitted with each application:

- Completed and signed application form
- All faculty's curriculum vitae or resume
- Outline of course content, including program goals and objectives
- Copy of the program's evaluation form
- Copy of a certificate of completion
- Copy of proposed advertisement

If you should have any questions regarding the continuing education program approval process, please contact Ms. Barron at 202-724-8938.

Thank you.

Application for Approval of Continuing Education

PLEASE PRINT LEGIBLY OR TYPE ALL ENTRIES

Sponsor Information:

SPONSORING ORGANIZATION

STREET ADDRESS (DO NOT USE PO BOX)

CITY

STATE

ZIP

CONTACT PERSON

TITLE

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

Co-sponsor Information (if applicable):

CO-SPONSORING ORGANIZATION

STREET ADDRESS (DO NOT USE PO BOX)

CITY

STATE

ZIP

CONTACT PERSON

TITLE

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

Continuing Education Program Information:

SEMINAR/ WORKSHOP/ COURSE TITLE

DATE(S)

START TIME

END TIME

LOCATION(S)

CONTINUING EDUCATION CLOCK HOURS REQUESTED (EXCLUDING COFFEE BREAKS, MEALS AND REGISTRATION TIME)

Faculty Information (Please attach curriculum vitae or resume for each faculty member):

NAME

DEGREE/CREDENTIALS

NAME

DEGREE/CREDENTIALS

NAME

DEGREE/CREDENTIALS

NAME

DEGREE/CREDENTIALS

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Format:

Live
 Webcast
 Self-Study
 Other: _____

Teaching Methods (Approximate time percentages):

Lecture	Live Interview
Audiovisual	Panel/Group Discussion
Question & Answer	

Program Objectives:

Program Relevance to Pharmaceutical Detailers:

Method for Verification of actual course completion:

CERTIFICATION

I hereby attest that this continuing education instruction will be offered as prescribed by the DC Board of Pharmacy. I hereby attest that the information given on this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

NAME

TITLE

SIGNATURE

DATE

For Office Use Only:

Date Received: _____	Date approved: _____
Number of CEU's: _____	Signature: _____