INDIVIDUAL CONTINUING PHARMACY EDUCATION (CPE) PROGRAM APPROVAL REQUEST FORM

Type of Program: (Please Check One)

☐ Live program, presenters and attendees on site
☐ Live online, presenters available for questions real time
☐ On-Demand, pre recorded, non-live online

Please attach the following required information:

1. Copy of Program which identifies: a) all speakers and their credentials, b) title of sessions, c) time and length of sessions
2. Proof of attendance and/or copy of your certificate

Submitted by: (Please Print): ___________________________ Date: ______________

Address: ____________________________________________

_________________________________________________

Cell Phone Number: __________________________ E-mail address: __________________________

“Through my signature, I am verifying that I attended this program for the amount of time for which continuing education has been requested.”

#CE hours Requested: __________

(Signature of person submitting form)

CPE Request Form must be completed and submitted in full by mailing, faxing or emailing to:

CPE/ NCAP
Brighton Hall
1101 Slater Road
Durham, NC 27703
Fax# (984) 439-1649 *
Email: teressa@ncpharmacists.org

*If faxing the Form to NCAP, please call (949) 439-1646 to verify that it was received.

I. For members this service is free. Non-members must submit payment at $30.00 per credit hour.

II. Within 30 days of receipt of the Approval Request Form, NCAP will notify the applicant of its action (approval or denial).

III. Certificate will be emailed to the applicant upon approval.

IV. NCAP will maintain records on all programs for three (3) years.

FOR OFFICE USE ONLY

DATE RECEIVED ______________ ID# __________________________

ACTION TAKEN ______________ APPROVED BY _____________________ DATE __________

1/29/2018