

Kentucky Board of Pharmacy
Continuing Education Program Approval Form

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort, KY 40601

Phone 502-564-7910 Fax 502-696-3806

Group Request or Individual Request Date _____
 Attendance at Program
 Presentation of Program

Title/Topic _____

Name of the Provider/Sponser _____

Address _____

E-mail Address _____

Name of Individual / Group Submitting for Approval _____

Address _____

Business Phone _____ **E-mail Address** _____

Brief Summary or Objectives of Program - Enclose Brochure [if available].

Faculty / Presenters - (Name and Qualifications)

Program Dates _____	CEU(s) _____	Contact Hours _____	Kentucky Site _____
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Mode / Method of Presentation:

Live Presentation _____ (Minutes) Video _____ (Minutes) Discussion _____ (Minutes) Other _____ (Specify) (Minutes)

Composite Evaluation: (Not necessary for individuals)
MUST be submitted with this form for completed programs or within ten days of presentation. Any omission or delay may result in denied or reduced approval. Sample forms are available from the Board office.
**Remarks may be included on back of form.*

FOR OFFICE USE ONLY			
Approved _____	Disapproved _____	CEU(s) Awarded _____	ID No. _____
_____	_____	_____	_____
Date		Pharmacy Education Coordinator	