



Newfoundland & Labrador Pharmacy Board

Apothecary Hall
488 Water Street
St. John's, NL A1E 1B3

www.nlpb.ca

Telephone (709) 753-5877 or 1-877-453-5877 (toll free)
Fax (709) 753-8615
e-mail inforx@nlpb.ca

Application for Accreditation of Continuing Professional Development Program

Accreditation of Continuing Professional Development (CPD) programs by the Newfoundland and Labrador Pharmacy Board (NLPB) is intended to assure pharmacists and other participants that a program has been reviewed for both quality and relevance to pharmacy practice and that the program will meet the learning needs of pharmacists and enhance their ability to provide patient care.

When evaluating CPD programs for accreditation, the NLPB follows its Policy entitled *Accreditation of Continuing Professional Development Programs* (available at www.nlpb.ca under Professional Development). **PLEASE ENSURE YOU ARE FAMILIAR WITH THIS POLICY BEFORE SUBMITTING AN APPLICATION FOR ACCREDITATION.**

To facilitate your request in the timeliest manner, please ensure that the application form, all enclosures as well as the Accreditation Review Fee are received at the NLPB office **AT LEAST ONE WEEK** prior to the proposed program date. Retrospective accreditation will not be granted.

Please note: Programs that are advertised and/or provided to pharmacists outside of Newfoundland and Labrador should be submitted to CCCEP for accreditation.

Payment of the Accreditation Review Fee does not guarantee accreditation and the fee is non-refundable.

Date of Submission: _____

PROGRAM INFORMATION

Program Title: _____

Location of Event: _____

Program Date/Time: _____

Program Length (please provide length of time (in 15 minute increments) to present complete program, including any time allotted for questions but not including food breaks): _____

Program Summary (agenda, outline, learning objectives or handouts may be attached, as appropriate):

Intended Audience: Pharmacists Technicians Other: _____

Is this an industry-sponsored presentation? YES NO

If yes, is the speaker an employee of the sponsor? YES NO

Sponsor: _____

SPEAKER INFORMATION

Name: _____
Degree(s): _____
Employer(s): _____
Qualification to speak on topic (if not provided, CV may be requested): _____

CONTACT PERSON INFORMATION

Name: _____
Title: _____
Address: _____
Phone #: _____ Fax#: _____ Email address: _____

OTHER RELEVANT INFORMATION

Has this program already been accredited by any other organization? YES NO
If YES, please provide details of the accreditation (e.g. accrediting body, accreditation number assigned):

CHECKLIST OF ENCLOSURES

- Program outline, agenda and time-frames (including all scheduled breaks and Q & A sessions)
- Learning objectives
- Copy of presentation handouts, and/or slides
- Copy of program evaluation form (template attached)
- Disclosure of Conflict of Interest* forms (for speaker, author and provider)
- Speaker Acknowledgement* form
- Accreditation Review Fee (as per *NLPB Schedule of Fees*):

Fee Paid By:	<input type="checkbox"/> Cash, Cheque or Money Order	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard
_____	_____	_____	_____
Name on Card	Card #	Expiry Date	

NLPB USE ONLY

Date Approved: _____	NLPB#: _____	Expiry Date: _____
By: _____	#CEUs: _____	



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Disclosure of Conflict of Interest

This form must be completed, signed by the speaker and submitted with the Application for Accreditation of Continuing Professional Development Program

Program Title:	_____
Speaker:	_____
Sponsor:	_____

The participants of a professional development activity should be aware in advance of any potential conflict of interest that could influence the presentation.

A potential conflict of interest is to be understood as meaning any monetary benefit falling to the speaker in connection with the products and services of the sponsor which are the focus of the presentation. For example, if the speaker

- acts as a scientific adviser for a pharmaceutical company
- accepts an invitation, royalties, an honorarium or compensation for services rendered
- receives research funding from a sponsor or
- holds financial interest in a controlling company

The purpose of disclosing potential conflicts of interest is not to prevent an speaker with a conflict of interest from taking the floor, but rather to openly inform the participants beforehand of possible affiliations or financial interest so that they can make an informed assessment of the presentation's content.

- I DO NOT have an actual or potential conflict of interest to report.
- I declare that I have an actual or potential conflict of interest to report:
- I am a member of the board of directors (or any other committee) of this sponsor
 - I participated in the clinical study (or any other study) of the products of this sponsor
 - I participated in the development of this training, which was supported by this sponsor
 - As a speaker, I received compensation (e.g. an honorarium) from this sponsor
 - I am affiliated with, or have financial interests in, this sponsor

Signature: _____

Date: _____

NOTE: If a Conflict of Interest is declared, this must be disclosed on all promotional materials for the program, including the invitation, as well as on a slide at the beginning of the presentation



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Speaker Acknowledgement

This form must be completed, signed by the speaker and submitted with the Application for Accreditation of Continuing Professional Development Program

This is to confirm that I:

Speaker Name

have reviewed and/or prepared the program:

Program Title

and acknowledge that this program is (please check each item):

- current
- accurate
- complete
- clinically relevant
- appropriately referenced
- unbiased (e.g. avoids use of brand names, company logos, etc; less that 50% of slides are provided by sponsor, etc.)

Speaker: _____

Phone #: _____

Mailing Address: _____

Email Address: _____

Signature: _____

Date: _____

NOTE: If major revisions are made to the program following submission to the Newfoundland and Labrador Pharmacy Board, speaker approval of the final version is required



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Program Evaluation Form Template

Program Title:	_____
Speaker:	_____
Date:	_____

Please rate the program according to the key given below:

5 – Strongly Agree	4 - Agree	3 – Neither Agree or Disagree	2 - Disagree	1 – Strongly Disagree
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The program title reflected the content of the program	5	4	3	2	1
The content of the program supported current research	5	4	3	2	1
The content of the program was relevant to pharmacy practice	5	4	3	2	1
The speaker demonstrated a clear understanding of the subject	5	4	3	2	1
The speaker declared any conflict of interest at the beginning of the presentation	5	4	3	2	1
The speaker allowed for interaction during the presentation	5	4	3	2	1
The speaker allowed an appropriate amount of time for the presentation	5	4	3	2	1
The speaker allowed an appropriate amount of time for questions	5	4	3	2	1
The visual presentation was clear and of high quality	5	4	3	2	1
The printed handouts or reference material were of high quality	5	4	3	2	1
The overall quality of the program was high	5	4	3	2	1

Would you agree with the following statement?

The program was current, accurate, complete, clinically relevant, appropriately referenced and unbiased. Yes No

If No, why not?

What did you like best about the program?

What did you like least about the program?
