



MICHIGAN PHARMACISTS ASSOCIATION

Co-sponsorship

The Michigan Pharmacists Association (“MPA”) is an accredited provider of pharmacy continuing education credits through the Accreditation Council for Pharmacy Education (ACPE). ACPE-accredited providers shall show evidence of compliance with each quality criteria set forth by ACPE. Adherence to these criteria, and their associated guidelines, is considered indicative of the capability to provide quality continuing pharmaceutical education programs. Sound administration and an effective and supportive organizational structure are key elements of a strong base for the design, development, and implementation and monitoring of quality continuing pharmaceutical education programs. Continuous supervision by MPA contributes to effective educational experiences. Co-sponsorship is an opportunity for an ACPE-accredited provider, such as MPA, to work closely with non-ACPE-accredited organizations (“Sponsoring Organization”), as well as fellow ACPE-accredited providers (“Sponsoring Organization”) to design, develop and implement quality pharmacy continuing education programs in full accord with ACPE’s quality criteria. MPA will consider engaging in a co-sponsored relationship only if the proposed program is consistent with MPA’s continuing education mission and ACPE’s quality criteria. This manual is designed to provide helpful information and guidelines to assist in planning continuing education programs.

Co-sponsorship with Non-ACPE-accredited Providers

Should MPA choose to work with a Sponsoring Organization that is not an ACPE-accredited provider, assurance that all ACPE quality criteria are met rests with the accredited provider, MPA. This manual will clearly identify functions of both the Sponsoring Organization and MPA. Sponsoring Organizations that are not ACPE-accredited providers should pay close attention to deadlines outlined in the "Co-sponsorship Responsibilities" section below.

Co-sponsorship with Other ACPE-accredited Providers

Should MPA choose to engage in a relationship with a Sponsoring Organization that is another ACPE-accredited provider, the responsibility for assurance of compliance with the quality criteria is held jointly. This manual will detail responsibilities for both providers. A planning checklist and specific deadlines established by MPA are detailed in the "Co-sponsorship Responsibilities" section below. Sponsoring Organizations are encouraged to review the responsibilities closely.

Co-sponsorship Responsibilities




To co-sponsor a pharmacy continuing education program with MPA, adherence to all of the criteria set forth by ACPE and timely submission of all documentation is mandatory. To satisfy these requirements, it is necessary for Sponsoring Organizations to work with MPA throughout the entire planning process. A planning checklist outlines documentation that is required by MPA and their submission deadlines.

Pre-Program*

Submit to MPA a minimum of 60 days in advance of the program:


- a. A completed Co-sponsorship Agreement and Requirements Form for the appropriate provider status classification (located on pages 7-10)
- b. A completed Presenter’s Agreement (located on pages 11-12) and curriculum vitae or resume for each presenter
- c. An application fee of \$25—make check payable to MPA
- d. Disclosure Statement(s) from each presenter (located on page 14)

Submit to MPA a minimum of 40 days in advance of the program:

- a. A copy of confirmation letters sent to each presenter—sample confirmation letter located on page 13
- b. A program notice or announcement (see requirements for program notification on pages 3-4) 
- c. A sample of the program evaluation form(s) to be used (see example on page 15) 
- d. A sample of the event evaluation form, if being utilized (see example on page 16) 
- e. A sample of the learning assessment tool to be used, if being utilized (see example on page 17)
- f. Two copies of supplemental instructional materials (i.e., outline, handout)

Post-Program*

Submit to MPA no later than 14 days after the program:

- a. All program and event evaluations completed by program participants
- b. A summary of the completed participant program evaluations 

c. A summary of the completed participant event evaluations, if utilized ↷

- d. The attendance roster (located on page 18) listing program participant information
- e. Payment for continuing education credits—make check payable to MPA (see co-sponsorship fees on page 4)
- f. Payment for additional services provided by MPA (see page 31)

**Deadlines for pre- and post-program requirements must be strictly adhered to. MPA will not accredit programs when deadlines have not been met.*

↗Required documentation unless service is provided by MPA

Additional terms are located on pages 7-8 for non-ACPE-accredited organizations and pages 8-9 for ACPE-accredited providers.

Educational Program Development

Educational program development requires thorough advance planning. Program and event evaluations should be used as a means of determining educational needs of the target audience. Educational goals and learning objectives should be appropriate for the intended audience. To assure quality control, MPA must be directly involved in key components of program development, such as: topic selection, design of learning objectives, promotional materials development, instructional materials development, faculty selection, program administration and implementation, site and facility selection, program evaluation, assessment of participant learning, awarding of certificates of credit for successful completion of a program, and any other activities deemed important.

Appropriate Subject Matter

Continuing pharmaceutical education programs shall address topics and subject matters that are pertinent to the contemporary practice of pharmacy and well balanced in presentation.

Non-Commercialism

All pharmacy continuing education programs should provide for an in-depth presentation with fair, full disclosure and equitable balance. Appropriate topics and learning activities shall be distinguished from topics and learning activities which are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug or other commercial product. Information that the speaker provides on the Statement of Policy Regarding Assurance of Balance, Disclosure and non-Commercialization must be made available to program participants by either providing a copy of the statement to each attendee or by incorporating the potential conflict of interest in the speaker introduction.

Educational Objectives

Pharmacy continuing education programs shall involve planning that includes written educational goals and specific learning objectives that are measurable and which may serve as a basis for an evaluation of the program's effectiveness. Goals and objectives should be appropriate for the amount of time allocated to the program. Three learning objectives are required for each accredited program. Refer to pages 19-20 for guidance in developing sound educational goals and objectives.

Instructional Materials

Supportive and supplemental materials, such as handouts, are strongly encouraged. A syllabus or other handout material providing a general outline of the continuing education presentation should be developed and made available to the participants. See page 21 for tips on preparing and presenting visual aids.

Methods of Delivery

The methods employed in the delivery of continuing pharmaceutical education play an important role in the effectiveness of the continuing education experience. Innovation and experimentation with delivery methods are encouraged. The method of delivery shall allow for and encourage active participation and involvement on the part of the participant.

Facilities

An appropriate facility or other environment conducive to adult learning is essential to the educational program. A checklist is located on pages 23-24 to assist Sponsoring Organizations in finding an adequate meeting facility.

Evaluation

Evaluation and assessment of the participants' learning is crucial for the maintenance and improvement of the program. An evaluation mechanism (located on page 15) shall be provided at each program for the purpose of allowing all participants to assess their achievement in accordance with the program's learning objectives. In addition to the attendance roster, program evaluations are used as another mechanism for keeping track of attendance. For this reason, program evaluation forms must not be distributed to participants arriving more than 10 minutes late to any program and the participant must be informed that he/she

is not eligible for continuing education credit. The Likert Scale on page 25 provides alternative evaluation descriptions. Completed evaluations must be collected and summarized by the Sponsoring Organization and returned to MPA along with the Attendance Roster located on page 18. **Program evaluations must be presented to MPA for review and approval prior to distribution.**

Faculty Selection

The quality of continuing education programs and their value to participants depends heavily on the ability and expertise of the faculty and support staff. The faculty for each particular pharmacy continuing education program shall be competent in the subject matter and qualified by experience, training and/or preparation to the tasks and methods of delivery. While it is expected that the Sponsoring Organization will utilize the checklist on pages 26-28 to establish speaker qualifications, MPA will have final authority in determining qualifications of each speaker. In doing so, the Sponsoring Organization must provide MPA with a current curriculum vitae or resume for each speaker at least 60 days in advance of the planned program.

Requirements for Program Notification

Adequate information about continuing education programs should be provided well in advance to prospective participants. Promotional materials (i.e., brochures, advertisements, memoranda, letters of invitation, or other announcements) should clearly and explicitly include items listed below. A sample program announcement is located on pages 29-30.

1. The nature of the target audience(s) that may best benefit from the program. See Example A.
2. A full description of all requirements established by the provider for successful completion of the continuing education program and subsequent awarding of credit (i.e., passing a post-test at a pre-specified proficiency level, completing a program evaluation form, participating in all sessions or certain combinations of sessions which have been designed as a program package, etc.). See Example B.
3. The official ACPE logo, used in conjunction with the statement identifying the approved provider(s) sponsoring or co-sponsoring the program, according to the exact language of the prescribed statement: **"The Michigan Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmaceutical education."** Note: This statement should be used only in close conjunction with the ACPE logo. See Example C. ACPE logos are located on page 32.
4. The ACPE Universal Program Number assigned to the program by the accredited provider. If each program is accredited individually, the ACPE Universal Program Number should be listed with its respective program (i.e., list next to individual program times or title). If the program is accredited as a whole, the ACPE Universal Program Number may be listed in conjunction with the ACPE logo and prescribed statement. See Example D.
5. The amount of continuing education credit that can be earned from participation in the program—specified in contact hours or CEUs. See Example E. Contact hours and/or CEUs should be listed as:

<u>Contact Hours</u>	=	<u>CEUs</u>
1.0		.10
1.5		.15
2.0		.20
2.5		.25
3.0		.30
3.5		.35
4.0		.40
4.5		.45
5.0		.50
5.5		.55
6.0		.60
6.5		.65
7.0		.70
7.5		.75
8.0		.80
8.5		.85
9.0		.90
9.5		.95
10.0		1.0
10.5		1.05

6. The schedule of educational activities. See Example F.
7. The faculty members and their credentials. See Example G.

8. The educational goals and specific learning objectives of each program. Specific learning objectives should be taken from the presenter's agreement that each speaker must submit. MPA reserves the right to rephrase objectives. If this happens, MPA will notify the Sponsoring Organization of the correct wording. See Example H.
9. The fees for the program (see Example I¹) and a clear statement of the items that are and are not covered by those fees, as well as any applicable deadlines for pre-program registration (see Example I²) and cancellation and refund policy (see Example I³).
10. Acknowledgement of outside organization(s), if any, providing financial support for any component of the educational activity. See Example J.
11. In the case of ongoing programs, the initial release date. If the initial release date applies, MPA will provide the Sponsoring Organization with this information. See Example K.
12. A notice of how and when Statements of Credit will be awarded. See Example L.
13. In the case of a grievance including, but not limited to, tuition and fee refunds, contact information of the individual or organization handling such issues must be listed. See Example M.

NOTE: Program announcements must be presented to MPA for review and approval prior to distribution.

Support Staff

The Sponsoring Organization is required to provide adequate supportive personnel to assist with administrative and technical matters related to the preparation and presentation of continuing pharmaceutical education programs. To assist Sponsoring Organizations in meeting this requirement, refer to page 31 for a list of services provided by MPA. Sponsoring Organizations wishing to take advantage of these services must fill out the MPA Menu of Services form located on the same page.

Continuing Education Credit

The number of contact hours to be awarded for participation and successful completion of each program shall be determined by MPA in advance of offering the activity. Sponsors cannot alter credit unless approved by MPA. *Participants arriving more than 10 minutes late to a program that has been approved for one contact hour will not be eligible for credit. Furthermore, participants leaving a program early will not be eligible for credit.* The minimum unit of credit that may be awarded for any single pharmacy continuing education program is one contact hour (50 minutes in length). Pharmacy continuing education credit will not be awarded to participants immediately following the program. An Attendance Roster (located on page 18) will be provided to the Sponsoring Organization who will be responsible for distributing and instructing participants who meet program requirements to sign the roster prior to leaving the event. The Sponsoring Organization must submit to MPA names and addresses of each participant eligible for continuing education credit after completion of the program via the Attendance Roster to process the Statements of Credit. MPA will then send all Statements of Credit to the Sponsoring Organization who will be responsible for distribution to participants.

Co-sponsorship Fees

Sponsoring Organizations will be assessed a fee for the amount of continuing education credit being accredited, as well as for the processing and program record maintenance. The fees are charged per person, per session.

<u>Credits Offered Per Session</u>	<u>Fee Per Person</u>
1-2	\$7
3-6	\$10
7-12	\$13
13+	\$15

A required non-refundable application fee of \$25 must be submitted with the co-sponsorship application in compliance with the 60-day deadline. If your application is approved, the application fee will be applied toward the total co-sponsorship fees due based upon the per person fee structure above.

Alternative Ways to Obtain Pharmacy Continuing Education Credit

Continuing education programs may be approved for credit(s) by other organizations:

Michigan Board of Pharmacy

The Michigan Board of Pharmacy is capable of awarding pharmacy continuing education credit for pharmacist and pharmacy technician related educational programs in the state of Michigan. A Michigan Board of Pharmacy Application for Approval is located on page 33-35. Interested organizations can contact the Michigan Board of Pharmacy at (517) 335-0918 or www.cic.state.mi.us.

Pharmacy Technician Certification Board

According to the Pharmacy Technician Certification Board (the governing organization of certified pharmacy technicians), ACPE-accredited continuing education is not mandatory for a pharmacy technician to recertify. Pharmacy technicians may attend educational programming approved for pharmacy continuing education credits if the subject matter is within a technician's scope of duties. Acceptable documentation (Certificate of Participation) for recording continuing education hours earned by a technician must include the name of the participant, the number of hours awarded, the title and date of the program, a dated signature of the program coordinator, and name of the organization providing the program. A sample Certificate of Participation is located on page 36. For additional information regarding pharmacy technician recertification requirements, contact the Pharmacy Technician Certification Board at (202) 429-7576 or www.ptcb.org.

Should you choose to contact the Michigan Board of Pharmacy or the Pharmacy Technician Certification Board, MPA does not provide assistance in this process, nor does MPA require submission of these applications if MPA and the Sponsoring Organization have entered into a co-sponsored relationship.

Termination of Relationship

If the Sponsoring Organization fails to work cooperatively with MPA, including deadline adherence, MPA has the right to terminate the relationship and refuse to grant continuing education credit for any program.



Co-sponsorship Agreement and Requirements for Non-ACPE-Accredited Organizations

Please complete and return a **minimum of 60 days prior to date of program.** (This deadline will be strictly followed.)

Organization Information:

Name of Sponsoring Organization

Address	City/State/Zip	E-Mail Address
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Name of Individual Responsible for Pharmacy Continuing Education Activity	Daytime Phone
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Program Information:

If more than one program is being offered, please submit the following information for each program.

Title of Program for Which Accreditation is Being Sought

Program Date	Length of Actual Lecture (minutes)
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Program Location	City/State
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Tuition or Fee(s) to be Charged to Participants	Expected Attendance
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Nature of Audience: (check all that apply)

Community Pharmacist Consultant Pharmacist Health-System Pharmacist Industry Academia
 Managed Care Pharmacist Pharmacy Technician Pharmacy Student Other _____

Program Format:

Certificate Live Audio/Video Cassette Teleconference Video Cassette Home Study Other _____

Program Goals:

Identify the educational need for this program.

Accreditation:

If more than one session is being offered, please indicate whether each session should be assigned individual ACPE program numbers, allowing participants to attend as many programs as they wish, but not requiring them to attend all; or whether the entire educational component should be assigned one ACPE program number, requiring participants to attend all events from beginning to end. If only one session is being offered, only one ACPE program number will be assigned.

I am applying for multiple ACPE program numbers so that each session is accredited. I am applying for one ACPE program number.

Terms of Agreement:

This co-sponsorship agreement between the Provider (MPA) and the Sponsoring Organization defines the relationship between the two parties regarding the program:

1. The responsibility for assurance of all quality criteria as articulated in the ACPE's Criteria for Quality rests solely with MPA.
2. MPA retains full control over all aspects of the program. The Sponsoring Organization will work at the sole discretion of MPA with regard to all aspects of program planning, development and administration. MPA will be directly involved and **have the final decision** in key components of program development, including topic selection; design of learning objectives; promotional materials development; instructional materials development; faculty selection; program administration and implementation; site and facility selection; program evaluation; assessment of participant learning; awarding of certificates of credit for successful completion of a program; and any other activities deemed important.
3. Sponsoring Organization will be responsible for the processing and summarizing of the continuing education program evaluation (see

page 15 for evaluation sample).

Co-sponsorship Agreement and Requirements for Non-ACPE-Accredited Organizations (continued)

- 4. Sponsoring Organization will provide support for the processing of statements of credit per MPA’s standards and instructions.
- 5. Sponsoring Organization will handle all grievances at the discretion of MPA.
- 6. Sponsoring Organization will pay a co-sponsorship fee based upon the scale on page 4, plus the required \$25 application fee that will be credited toward the total co-sponsorship fees due.
- 7. Based on materials accredited by MPA, **the Sponsoring Organization will prepare program announcements for review and approval by MPA prior to distribution**. In accordance with ACPE’s Quality for Criteria, all promotional materials will include: program title; date and time (beginning and ending) of presentation; educational goals and specific learning objectives; nature of the target audience; faculty and credentials (degrees and affiliations); amount of continuing education credit; description of the requirements to receive credit; official ACPE logo and provider statement; ACPE universal program number (to be supplied by MPA); notice that “Statements of Credit” will be mailed to the participants by the Sponsoring Organization within four weeks after the program date; acknowledgement of outside organization(s) providing financial support for any component of the educational activity; in the case of ongoing programs, the initial release date (to be supplied by MPA); a grievance policy; fees for the program and what those fees do and do not cover; and deadlines for program cancellation and refunds.
- 8. Sponsoring Organization will satisfy the following administrative duties:

Pre-Program*

Submit to MPA a minimum of 60 days in advance of the program:

- a. A completed Co-sponsorship Agreement and Requirements for Non-ACPE-Accredited Providers Form located on pages 7-8
- b. A completed Presenter’s Agreement (located on pages 11-12) and curriculum vitae or resume for each presenter
- c. An application fee of \$25—make check payable to MPA
- d. Disclosure Statement(s) from each presenter (located on page 14)

Submit to MPA a minimum of 40 days in advance of the program:

- a. A copy of confirmation letters sent to each presenter—sample confirmation letter located on page 13
- b. A program notice or announcement before distribution (see requirements for program notification on pages 3-4) [Ⓡ]
- c. A sample of the program evaluation form(s) to be used (see example on page 15) [Ⓡ]
- d. A sample of the event evaluation form, if being utilized (see example on page 16) [Ⓡ]
- e. A sample of the learning assessment tool to be used, if being utilized (see example on page 17)
- f. Two copies of supplemental instructional materials (i.e., outline, handout, post-test questions)

Onsite Administration

Distribute and collect:

- a. the attendance roster (located on page 18)—see specific instructions on page 4.
- b. program and event evaluation forms (located on pages 15-16)—see specific instructions on page 2.
- c. The Sponsoring Organization is also responsible for disclosing potential conflicts of interest—see specific instructions on page 2.

Post-Program*

Submit to MPA no later than 14 days after the program:

- a. All original program and event evaluations completed by program participants (Photo copies will not be accepted.)
- b. A summary of the completed participant program evaluations [Ⓡ]
- c. A summary of the completed participant event evaluations, if utilized [Ⓡ]
- d. The original attendance roster (located on page 18) listing program participant information (Photo copies will not be accepted.)
- e. Payment for continuing education credits—make check payable to MPA (see co-sponsorship fees on page 4)
- f. Payment for additional services provided by MPA (see page 31)

**Deadlines for pre- and post-program requirements will be strictly enforced. MPA will not accredit programs when deadlines have not been met.*

ⓇRequired documentation unless service is purchased by MPA

Additionally, MPA will:

- 1. notify Sponsoring Organization of intent to co-sponsor within two weeks after receipt of the Co-sponsorship Agreement and Requirements for Non-ACPE-Accredited Providers Form and accompanying documents. Should MPA choose to engage in a co-sponsored relationship with the Sponsoring Organization, MPA will then:
 - a. maintain all records.
 - b. issue statements of credit to the sponsoring organization for distribution to participants.
 - c. provide guidance to faculty.
 - d. review and approve all materials and information so as to assure that the program provides an in-depth presentation with fair balance and full disclosure.

In the event that the Sponsoring Organization fails to comply with the requirements stated within this letter of agreement, the individuals listed below acknowledge that MPA has the authority to decline providing continuing pharmaceutical education credit to participants.

Sponsoring Organization Representative Signature _____
 Name of Sponsoring Organization _____ Date _____
 Michigan Pharmacists Association Signature _____ Date _____

Return to Michigan Pharmacists Association, 815 N. Washington Ave., Lansing, MI 48906, (517) 484-4893 FAX



Co-sponsorship Application and Requirements for ACPE-Accredited Providers

Please complete and return a **minimum of 60 days prior to date of program.** (This deadline will be strictly enforced.)

Organization Information:

Name of Sponsoring Organization _____ ACPE Provider Number _____

Address _____ City/State/Zip _____ E-Mail Address _____

Name of Individual Responsible for Pharmacy Continuing Education Activity _____ Daytime Phone _____

Program Information:

If more than one program is being offered, please submit the following information for each program.

Title of Program for Which Accreditation is Being Sought _____

Program Date _____ Length of Actual Lecture (minutes) _____

Program Location _____ City/State _____

Tuition or Fee(s) _____ Expected Attendance _____

Nature of Audience: (check all that apply)

- Community Pharmacist
 Consultant Pharmacist
 Health-System Pharmacist
 Industry
 Academia
 Managed Care Pharmacist
 Pharmacy Technician
 Pharmacy Student
 Other _____

Program Format:

- Certificate
 Live
 Audio Cassette
 Video Conference
 Teleconference
 Video Cassette
 Home Study
 Other _____

Program Goals:

Identify the educational need for this program.

Accreditation:

If more than one session is being offered, please indicate whether each session should be assigned individual ACPE program numbers, allowing participants to attend as many programs as they wish, but not requiring them to attend all; or whether the entire educational component should be assigned one ACPE program number, requiring participants to attend all events from beginning to end. If only one session is being offered, only one ACPE program number will be assigned.

- I am applying for multiple ACPE program numbers so that each session is accredited.
 I am applying for one ACPE program number.

Program Requirements:

Responsibility for various aspects of the development, delivery, and/or distribution of the above listed program will include:

1. education needs assessment.
2. faculty selection.
3. faculty guidance.
4. instructional materials development.
5. program announcement materials.
6. registration.
7. determination of requirements for credit.
8. determination of amount of credit.
9. onsite management.
10. site selection and arrangements.
11. awarding of statements of credit.
12. summarization of program evaluation(s).
13. recordkeeping.
14. assignment of ACPE Universal Program Number.

Co-sponsorship Application and Requirements for ACPE-Accredited Providers (continued)

The Sponsoring Organization will satisfy the following administrative duties:

Pre-Program*

Submit to MPA a minimum of 60 days in advance of the program:

- a. A completed Co-sponsorship Agreement and Requirements for ACPE-Accredited Providers Form located on pages 9-10
- b. A completed Presenter’s Agreement (located on pages 11-12) and curriculum vitae or resume for each presenter
- c. An application fee of \$25—make check payable to MPA
- d. Disclosure Statement(s) from each presenter (located on page 14)

Submit to MPA a minimum of 40 days in advance of the program:

- a. A copy of confirmation letters sent to each presenter—sample confirmation letter located on page 13
- b. A program notice or announcement before distribution (see requirements for program notification on pages 3-4) [Ⓡ]
- c. A sample of the program evaluation form(s) to be used (see example on page 15) [Ⓡ]
- d. A sample of the event evaluation form, if being utilized (see example on page 16) [Ⓡ]
- e. A sample of the learning assessment tool to be used, if being utilized (see example on page 17)
- f. Two copies of supplemental instructional materials (i.e., outline, handout, post-test questions)

Onsite Administration

Distribute and collect:

- a. the attendance roster (located on page 18)—see specific instructions on page 4.
- b. program and event evaluation forms (located on pages 15-16)—see specific instructions on page 2.
- c. The Sponsoring Organization is also responsible for disclosing potential conflicts of interest—see specific instructions on page 2.

Post-Program*

Submit to MPA no later than 14 days after the program:

- a. All original program and event evaluations completed by program participants (Photo copies will not be accepted.)
- b. A summary of the completed participant program evaluations [Ⓡ]
- c. A summary of the completed participant event evaluations, if utilized [Ⓡ]
- d. The original attendance roster (located on page 18) listing program participant information (Photocopies will not be accepted.)
- e. Payment for continuing education credits—make check payable to MPA (see co-sponsorship fees on page 4)
- f. Payment for additional services provided by MPA (see page 31)

**Deadlines for pre- and post-program requirements will be strictly enforced. MPA will not accredit programs when deadlines have not been met.*

[Ⓡ]Required documentation unless service is purchased by MPA

Should MPA decide to co-sponsor with the Sponsoring Organization, additional responsibilities of both parties will be determined at that time.

In the event that the Sponsoring Organization fails to comply with the requirements stated within, MPA has the authority to decline to provide continuing pharmaceutical education credit to participants. Moreover, it is agreed that both providers will have full access to all records associated with the above listed offering.

Sponsoring Organization Representative Signature _____ Date _____
 Name of Sponsoring Organization _____ Date _____
 Michigan Pharmacists Association Signature _____ Date _____

Return to Michigan Pharmacists Association, 815 N. Washington Ave., Lansing, MI 48906, (517) 484-4893 FAX

Presenter's Agreement



Michigan Pharmacists
ASSOCIATION

Please complete and return this agreement 60 days prior to the program.
A current curriculum vitae or resume must be submitted with the Presenter's Agreement.

815 North Washington Avenue
Lansing, MI 48906-5198
www.michiganpharmacists.org
e-mail: mpa@michiganpharmacists.org
(517) 484-1466
Fax (517) 484-4893

SPEAKER INFORMATION

The following information should be typed or neatly hand written as you would like it to appear in promotional materials.

First Name		Middle Initial		Last Name	
Credentials					
Job Title			Organization		
Home Address			City/State/Zip		
E-mail			Fax Number		
Home Phone			Work Phone		
Social Security Number	<i>(Required for reimbursement)</i>				

PROGRAM SPECIFICS

Program Title			
Program Date		Program Time	
Location		City/State	
Length of Lecture		Nature of Audience	

PHARMACEUTICAL CARE COMPONENT

In an effort to create more interaction between the presenter and the participants, MPA encourages programs to contain some kind of hands-on approach. Select all that apply.

- Question and answer (15 minutes)
 Open forum
 Illustrations (slides, patient models)
 Physical interaction (hands-on) demonstrations

LEARNING OBJECTIVES

A minimum of three objectives is required. According to the Accreditation Council for Pharmacy Education, this program must exhibit fair content balance that will address different perspectives from which the audience may develop an informed professional opinion. In addition, the fair balance will assure that information provided does not discuss any single commercial product. Brand names of all products included in the content may be mentioned for identification purposes only.

1. _____
2. _____
3. _____
4. _____

Presenter's Agreement (continued)

PRESENTATION DESCRIPTION

PROGRAM HANDOUTS

In an effort to accommodate participant requests and to enhance understanding of the presentation, you are strongly encouraged to develop supportive and supplemental materials such as handouts, outlines, background materials, selected bibliographies, audio/visual aids, etc. Please submit your handout to

_____ by _____ to allow for adequate reproduction time.

- I will reproduce handouts myself. I do not plan to use a handout.

AUDIO/VISUAL EQUIPMENT REQUIREMENTS

- Slide projector Overhead projector TV/VCR LCD projector Laptop

Other _____

SPEAKER COMPENSATION

I understand, as a presenter, I will receive the following as compensation for the presentation. The presenter is responsible for making hotel, transportation and other travel arrangements.

- Complimentary meeting registration
 Honorarium in the amount of: _____
 Hotel room expenses (room and tax only) for the night of (date): _____

Transportation expenses:

- roundtrip mileage at ____ cents per mile coach class roundtrip airfare plus parking and ground transportation

SPONSORSHIP

- My program is not being sponsored.
 I am being sponsored by _____. I will be reimbursed directly through this company. My contact person is _____.

I, hereby, confirm all information as set forth above, as true and correct and, hereby, agree to present my program as I have stated in my title, description and objectives in both a professional and educational matter.

Signature

Date

Please return to:



Mary Farrington, Director of Continuing Education
815 North Washington Avenue, Lansing, Michigan 48906-5198
Phone: (517) 484-1466, Fax: (517) 484-4893

Sample Confirmation Letter

[INSERT DATE]

[INSERT FIRST NAME] [INSERT LAST NAME]
[INSERT COMPANY]
[INSERT STREET ADDRESS]
[INSERT CITY], [INSERT STATE] [INSERT ZIP]

Dear [INSERT FIRST NAME]:

Thank you for agreeing to present at the [INSERT NAME OF MEETING] to be held at the [INSERT NAME AND LOCATION OF FACILITY]. Your presentation titled [INSERT NAME OF PRESENTATION] is scheduled for [INSERT TIME OF PRESENTATION] on [DATE OF PRESENTATION].

Enclosed is a Presenter's Agreement and disclosure statement. Please review both carefully, then complete and return them by [INSERT RETURN DEADLINE]. The Presenter's Agreement provides pertinent information needed to apply for continuing education credits and prepare promotional materials.

We strongly encourage you to provide a handout. [INSERT WHO IS RESPONSIBLE FOR REPRODUCING HANDOUT AND SUBMISSION DEADLINES]

Once again, thank you for agreeing to give the presentation. If you have questions, please contact me at [INSERT PHONE NUMBER AND/OR E-MAIL ADDRESS].

Sincerely,

[INSERT YOUR FIRST AND LAST NAME]
[INSERT YOUR TITLE]

Enclosures

Statement of Policy Regarding Assurance of Balance, Disclosure, Non-Commercialization

All programming in which educational services is any way involved, whether as sole provider or co-sponsor, shall exhibit fair content balance, providing the audience with information of multiple perspectives from which to form a professional opinion. In addition, the fair balance will assure that information provided does not discuss any single commercial product. Brand names of all products included in the content may be mentioned for identification purposes only.

Presenters in any educational services offering will acknowledge and disclose any affiliation with the provider and such information will be made available to the audience. The disclosure forms for all presenters will be kept on file; in the event of future presentation, the contributor will be asked to review and update the disclosure statement.

Policy on Fair Balance

Programming accredited by the Michigan Pharmacists Association shall exhibit fair content balance, providing the audience with information of different perspectives from which to develop an informed professional opinion.

I have no actual or potential conflict of interest in relation to this program.

I have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Financial Interest

Name of Organization(s)

Receives Grant/Research Support

Consultant

Clinical Investigator

Speaker's Bureau

Major Stock Holder

Receives Other Financial/Material Support

Signature

Date

Print Name

Continuing Education Program Evaluation

Name (required): _____

Program Title: _____

ACPE Universal Program Number: _____

Date: _____

Please take a few minutes to complete this presentation evaluation. Completion and submission of the evaluation are necessary to receive pharmacy continuing education credit.

Please use the following scale:

4 = Strongly Agree 3 = Moderately Agree 2 = Somewhat Agree 1 = Do Not Agree N/A = Not Applicable

1. The presentation increased my understanding of this area.	1	2	3	4	N/A
2. The presenter(s) was knowledgeable of the subject matter.					
Presenter #1 _____	1	2	3	4	N/A
Presenter #2 _____	1	2	3	4	N/A
Presenter #3 _____	1	2	3	4	N/A
3. The presentation format was conducive to learning.	1	2	3	4	N/A
4. The session content was current.	1	2	3	4	N/A
5. The program content was relevant to my work.	1	2	3	4	N/A
6. The information provided will be useful in my practice.	1	2	3	4	N/A
7. Audio/visual materials were of good quality.	1	2	3	4	N/A
8. Handout materials were useful.	1	2	3	4	N/A
9. The program content was consistent with its description.	1	2	3	4	N/A
10. The presentation met the advertised objectives.	1	2	3	4	N/A

What aspects of this program should have received more attention?

Suggested topics for future educational programming:

Other comments:

List assessment question #1

List assessment question #2

List assessment question #3

Event Evaluation

Event: _____

Date: _____ Location: _____

Please take a few minutes to complete this event evaluation.

Please express your interest in the following educational formats by marking “Yes” or “No”:

- | | | |
|---------------------------------|-----|----|
| 1. Round table discussions | Yes | No |
| 2. Case study discussions | Yes | No |
| 3. Debate and panel discussions | Yes | No |
| 4. Lecture presentations | Yes | No |
| 5. Workshops | Yes | No |

Please rate your satisfaction of the following by marking “Very Satisfied,” “Satisfied,” “Not Satisfied,” or “N/A”:

- | | | | | |
|---|----------------|-----------|---------------|-----|
| 1. Quality of speakers | Very Satisfied | Satisfied | Not Satisfied | N/A |
| 2. Selection of educational topics | Very Satisfied | Satisfied | Not Satisfied | N/A |
| 3. Social events (if applicable) | Very Satisfied | Satisfied | Not Satisfied | N/A |
| 4. Promotional material | Very Satisfied | Satisfied | Not Satisfied | N/A |
| 5. Administration of the event | Very Satisfied | Satisfied | Not Satisfied | N/A |
| 6. Courteousness and helpfulness of staff | Very Satisfied | Satisfied | Not Satisfied | N/A |
| 7. Onsite registration | Very Satisfied | Satisfied | Not Satisfied | N/A |
| 8. Facility and meeting room(s) | Very Satisfied | Satisfied | Not Satisfied | N/A |
| 9. Location of the event | Very Satisfied | Satisfied | Not Satisfied | N/A |

What aspects of the meeting were most beneficial to you?

What aspects of the meeting were least beneficial to you?

Please provide additional comments that you may have concerning the content, structure, facility, etc. of the event.

Post-Test Examination Example

An Overview of the Unknown: Drug Interactions Between Herbal Supplements and Prescription Medications

1. Regarding herbal products, which of the following is true?
 - a. They are safe because they are natural.
 - b. They have no drug interactions.
 - c. Manufacturers are not required to provide the FDA with safety information.
 - d. They have strict manufacturing control.

2. Ginseng may interact with all of the following except:
 - a. warfarin.
 - b. haloperidol.
 - c. phenelzine.
 - d. glucotrol.

3. Which of the following is least likely to interact with warfarin?
 - a. Dong quai
 - b. Saw palmetto
 - c. Garlic
 - d. Ginseng

4. Which of the following does not interact with St John's Wort?
 - a. Levodopa
 - b. Digoxin
 - c. Warfarin
 - d. Theophylline

5. One of the mechanisms of action of St John's Wort is:
 - a. inducer of the cytochrome p 450 enzyme system.
 - b. inhibits cyclic amp phosphodiesterase.
 - c. stimulates the immune system.
 - d. synergistic gaba receptor site binding.

Complete this post-test and give it to the monitor after the program has ended. An answer sheet is located in the back of the room.

Establishing Education Goals and Objectives

Function of Objectives

The development of objectives serves as the guide in the process of planning, presenting and evaluating instruction.

Goals vs. Objectives

There is a major difference between goals and objectives. Goals of a course are stated in general terms so that the pharmacy professional can be quickly informed about the nature of the course. Sample terms in goals include: “Know about..., To understand..., Become aware..., and Develop appreciation for...”

All of these phrases are found in goal or purpose statements.

Objectives are used to attain the stated goal. They assist the presenter and the pharmacy professional in deciding specifically what is to be learned. When the pharmacy professional is informed of the objectives, it will prepare him for what he is expected to do with the information. Typical activities found in objectives include: “to write, to list, to analyze, to solve and to discuss.”

The most difficult—and the most important—part of constructing an objective is the selection of an appropriate action verb. It should clearly express what the pharmacy professional should be able to do with the subject content—recognize, explain, solve, assess, and so on. A list of typical action verbs that have been used to write objectives is attached for your information.

Words for Objectives

Ranked in order from low to a relatively high level of sophistication

- | | |
|---------|--|
| Level 1 | Recognition: duplicate, gather data, list, repeat, state, and tell. |
| Level 2 | Recall: cite evidence for, compute, define, describe, examine, explain, identify, illustrate, imitate, manipulate apparatus, measure, and prepare. |
| Level 3 | Application: analyze, compare, contrast, devise a method, differentiate, discriminate, distinguish between, estimate, identify the variables, interpret, justify, organize data, plot a graph, prove, reformulate, relate, specify limitation and assumptions, and state a problem. |
| Level 4 | Transfer: deduce, discuss critically, formulate hypothesis, generalize from data, infer, integrate, manipulate ideas, predict, propose reasons and defend them, reorganize, and synthesize. |

Bloom's Taxonomy

This is an excellent reference if one is unsure of writing behavioral objectives. Simply determine what it is that you would like your participant to accomplish, find an appropriate verb in the listings below, and use the verb to begin your statement and you have a behavioral objective. Different verbs can verify different projects. If you want to verify knowledge, use a verb from the knowledge list, comprehension from that particular group, etc. Also included are a few samples.

Category	Verb	Example
<p>Knowledge: Knowledge involves the rather elementary skill of recalling or remembering specific information or experiences.</p>	<p>To: select, describe, recall, define, state, identify, recognize, name and list</p>	<p><i>Describe</i> the stages of the so-called scientific "method." <i>Define</i> the term "light." <i>State</i> the relationship between temperature and pressure.</p>
<p>Comprehension: Comprehension involves understanding or perceiving. It includes taking in, grasping, insight, and, as such, is highly stressed in school learning. Three subcategories of comprehension are recognized: <i>translation, interpretation and extrapolation.</i></p>	<p>Transform, predict, interpolate, extrapolate, interpret, translate, illustrate, draw, re-arrange, re-order, explain and associate.</p>	<p><i>Interpret</i> the following situation. <i>Illustrate</i> what is meant by a warranted and unwarranted conclusion. <i>Give</i> two examples of the above rule.</p>
<p>Application: Application involves using something in a specific manner. As such, it includes attention to detail. The skill of application underlies a great part of school learning, and is intimately concerned with some of the primary objectives of education.</p>	<p>Plan, record, employ, use, revise, formulate, apply, show, demonstrate, investigate, perform, relate, develop, transfer, construct, and infer.</p>	<p><i>Apply</i> the principle of resistance to a novel situation in aerodynamics. <i>Transfer</i> the concept of a field of force from physics to human behavior. <i>Infer</i> the appropriate principle behind each of the following reactions.</p>
<p>Analysis: Analysis involves the breaking down or separation of a whole into its component parts. In its simplest form, analysis includes a simple listing of elements.</p>	<p>Analyze, separate, break down, discriminate, distinguish, detect, categorize, compare, contrast, diagram</p>	<p><i>Analyze</i> this topic into its component parts. <i>Distinguish</i> the literary and stylistic techniques used in the following poem. <i>Categorize</i> the relationship between the phenomena list above.</p>
<p>Synthesis: Synthesis is the opposite of analysis. It involves combining a number of elements in order to form a coherent whole.</p>	<p>Combine, restate, summarize, relate, generalize, conclude, derive, organize, design, deduce, classify, formulate, propose, compose</p>	<p><i>Summarize</i> the normal cycle of erosion for streams and rivers. <i>Design</i> a module describing the concept of the sonnet. <i>Propose</i> three ways in which a hypothesis might be tested.</p>
<p>Evaluation: Evaluation is concerned with making judgments about value.</p>	<p>Evaluate, judge, contrast, criticize, defend, support, attach, avoid, seek out, re-order, explain, recommend</p>	<p><i>Evaluate</i> a curriculum in terms of its announced aims and agreed objectives. <i>Contrast</i> two major theories accounting for the formation of volcanoes. <i>Decide</i> the several advantages for using a taxonomy of educational objectives.</p>

The following verbs should be avoided when writing clear, well-constructed objectives:

- | | |
|------------------|------------|
| Be familiar with | Know |
| Be aware of | Learn |
| Comprehend | Master |
| Conceive | Realize |
| Figure out | Remember |
| Grasp | Think |
| Handle | Understand |
| Imagine | |

Presentation of Visual Aids

Guidelines for preparing and presenting visual aids:

1. Visual aids should complement your presentation, not be your presentation.
2. Don't overwhelm your audience with too many visual aids and remember never to present simply by reading your own visual aids.
3. Use visual aids only to support your most important points.
4. The effective aid has four characteristics: it simplifies concepts, it illuminates specific points, it holds audience attention and reinforces the spoken word with an image.
5. Think in pictures. A good visual aid shows rather than tells the audience your point.
6. Eliminate as many words as possible and replace them with photographs, illustrations, graphs, or pie charts. When you utilize text on visual aids, keep it direct and simple.
7. Present one point at a time.
8. Utilize 18 point to 24 point type for slide or PowerPoint presentation text.
9. Don't leave the visual aids in view for too long.
10. Make sure that your comments match your visuals and that your visuals support your comments.
11. Color is important, but it should be applied in flat areas rather than in graduated tones or shading. Clashing colors tend to annoy the viewer.
12. Take into consideration the audience and room size when selecting your visual support tools. Flipcharts and overhead projectors can be ineffective in large rooms.
13. Don't get fancy—select a good type style in which all letters are easily recognizable. Space lettering for readability and make sure it is large enough for everyone to see.
14. Plan slides so that their longest dimension will be horizontal. It is difficult to view vertically-oriented materials in many meeting rooms.

Facility Checklist

Date of Program _____
 Program Title _____
 Meeting Site _____
 Sales Contact _____ Phone _____
 Catering Contact _____ Phone _____
 Address _____ City/State/Zip _____
 Date Booked _____ Contract signed and returned (date) _____

Questions that may be asked by the sales staff at the facility:

QUESTIONS	ANTICIPATED NUMBERS/ REQUIREMENTS	COMMENTS
How many people do you expect to attend the meeting?	# _____	
What are your room setup requirements?	<input type="checkbox"/> classroom <input type="checkbox"/> banquet <input type="checkbox"/> crescent <input type="checkbox"/> theater <input type="checkbox"/> U-shape <input type="checkbox"/> conference <input type="checkbox"/> hollow square	
Will you have meals? <i>Be sure to ask for a menu to wisely select meals in your price range.</i>	<input type="checkbox"/> breakfast <input type="checkbox"/> lunch <input type="checkbox"/> dinner <input type="checkbox"/> coffee service <input type="checkbox"/> soft drinks <input type="checkbox"/> dessert <input type="checkbox"/> snacks	
Will your meals be in the same room or do you require another room? <i>Room rental will typically be less expensive if meals are served in the same room.</i>	Room name _____	
Do you have audio/visual requirements? <i>Ask for an audio/visual price list. Most facilities will allow you to bring your own equipment, but be sure to inquire about their policy.</i>	<input type="checkbox"/> slide projector <input type="checkbox"/> overhead projector <input type="checkbox"/> LCD projector <input type="checkbox"/> VCR/TV <input type="checkbox"/> screen <input type="checkbox"/> hand held mic <input type="checkbox"/> stand mic <input type="checkbox"/> lavalier mic <input type="checkbox"/> cordless lavalier mic <input type="checkbox"/> table mic <input type="checkbox"/> power strip & extension cord <input type="checkbox"/> laser pointer	

Facility Checklist (continued)

<p>Will your guests stay overnight? If so, how many rooms are needed? <i>Inquire about rooming rates, cancellation policy, and check-in and checkout times.</i></p>	<p>#_____ single #_____ double <input type="checkbox"/>smoking <input type="checkbox"/>nonsmoking</p>	
---	---	--

Questions you should ask:

QUESTIONS	COMMENTS
When should I expect a contract?	
When does the contract need to be returned by?	
Are there cancellation penalties?	
Whom should I contact if I need onsite assistance?	
What is the name of the meeting room?	
When do you need my meal selection?	
When do you require a final (guaranteed) count for meals?	
Is adequate parking nearby? Cost?	
Can I receive a sales kit? (May be sent with the contract—kit usually includes menus, audio/visual pricing, and map. If not, be sure to ask for these.)	

Program Evaluation Sample Likert Scales

For developing program and/or event evaluations, use any of the following response scales:

2-point Scale:				
Yes	No			
True	False			
3-point Scale:				
Exceeds standards	Meets standards	Does not meet standards		
Exceptional	Acceptable	Needs improvement		
4-point Scale:				
Outstanding	Excellent	Good	Fair	
Exceptional	One or two improvements needed	Many improvements needed	Awful	
Agree strongly	Agree	Disagree	Disagree strongly	
Very good	Good	Fair	Poor	
5-point Scale:				
Excellent	Very good	Good	Fair	Poor
Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Descriptive Scale:				
Monograph was very useful; I can apply the information to my practice.	Monograph needs clarification in one or two areas; information is useful.	Monograph was confusing in many areas; information is not very useful.	Monograph is very disorganized; did not understand any information.	

Qualifications of Faculty Checklist

- **Knowledge of subject matter**

Instructors must be knowledgeable of the subject matter and be successful practitioners of their subject matter.

- **Competent in the processes of instruction**

Instructors should be competent in instructional techniques and in matching these techniques to their subject matter and audience, as well as evaluate and provide feedback to the participants.

- **Ability to respond effectively to the background and experience of participants**

Instructors should be able to tap into their audience's experiences and backgrounds to enhance the effectiveness of the presentation by relating to experiences of the audience.

- **Credibility**

Instructors should demonstrate credibility based on their position, background, experiences, and/or personal impact.

- **Enthusiasm and commitment**

Instructors should be enthusiastic about their subject and committed to teaching others.

- **Personal effectiveness**

Instructors should be organized, prepared, use humor effectively, have an interest in participants learning the materials, and adjust their presentation to the needs of the audience.

- **Knowledge of participant organization**

Instructors need to have basic information about the organization or groups from which the participants will come.

- **Educational level**

Instructors should have a certain level of formal education that is appropriate to the content, participants, and organization sponsoring the program.

Taken from the Planning Programs for Adult Learners, Caffarella RS, San Francisco, Jossey Bass 1994.

Sample Faculty Guidance Checklist

Program title _____

Faculty name _____

Completed by _____

- Target audience and target audience's educational needs**
Target audience make-up and practice areas
Educational needs of the target audience that are the basis for this offering
- Learning objectives**
Who is responsible for developing the learning objectives
Expectation that learning objectives will be specific and measurable
- Teaching methodology**
Expectation that teaching methodology will include active learning
- Instructional materials**
Expectations for slides, overheads, or other audio/visual materials
Expectations for handouts
Process for review of instructional materials prior to offering
- Equitable and fair balance**
Provision of provider's policy on equitable and fair balance
Policies and procedures regarding disclosure forms
- Learning assessment**
Expectation for inclusion of learning assessment in the offering
Expectations for development of learning assessment
Expectation with regard to use of learning assessment and provision of feedback to participants
- Program evaluation**
Means by which offering and faculty will be evaluated
Specific areas addressed on program evaluation form

20 Questions to Ask BEFORE Hiring a Speaker

by Tom Antion (tom@antion.com)

- a. Is the speaker's topic right for my audience?
- b. Does the speaker have verifiable references?
- c. Does the speaker have audio and/or video demonstration materials? These materials should show you what the speaker is like in front of an audience. Caution: Don't get hung up on the topical information on the demo tape. Remember that you are looking to see how the speaker or trainer works at the front of the room.
- d. Does the speaker customize? To what level?
- e. Is the speaker entertaining as well as informative?
- f. Does the speaker do thorough pre-program research? Will the speaker be interviewing employees or members of the organization, or obtaining information about the organization and industry to prepare for the presentation?
- g. Does the speaker provide handout masters and/or finished handouts? Often your organization's name, logo, and particulars can be incorporated in the handout.
- h. Does the speaker involve the audience? Depending on the type of presentation (is this a lecture or a training workshop?), the speaker should speak directly to the audience, and encourage questions.
- i. Does the speaker use only clean and appropriate humor? Off-color, racial, ethnic, gender, or even slightly blue jokes or comments can turn your audience off in a heartbeat. Ask the speaker's references about this.
- j. Does the speaker accommodate hearing and sight impaired audience members (i.e., Handouts in Braille, audio tapes, etc.)?
- k. Is the speaker accessible to all attendees before and after the event? Make sure the speaker is willing to arrive early and stay for a while after the event. The audience will want to shake hands, ask questions, get autographs, and ask about materials for sale. Tip: Always include a break after each speaker.
- l. Does the speaker "hardsell" products from the platform?
- m. Is the speaker's office responsive to requests for information? Will the speaker's bureau help you get answers to all of your questions?
- n. Is the speaker easy to get along with (Determined from references and personal conversations)? Does he or she make stringent demands? Is he or she willing to make last-minute adjustments?
- o. What is the speaker's fee?
- p. Is the speaker's fee negotiable? If yes, what do you have of value to give in return for a fee reduction? Possibilities might be a videotape master, list of attendees, testimonial letter, referrals, extra night accommodations, choice of time slot, choice of date, multiple performance contract, extra publicity, spouse airfare and meals, products, or services.
- q. Does the speaker offer any discounts on his or her fee (for certain geographical areas, resorts, time of year, non-profit organization)?
- r. Can the speaker fill more than one slot which will save money on hiring another speaker and paying additional travel costs?
- s. What are the payment terms of the speaker's contract? Typically, a 50 percent deposit is required to hold a speaker's date.
- t. Can you arrange to preview the speaker at nearby functions to get a clear picture of the speaker's delivery, manner, language, and poise?

After all these questions have been answered to your satisfaction, the decision to hire or not should be much easier. Don't settle for someone who makes you uncomfortable—it's worth the time to do thorough research.

Direct questions or comments to: Tom Antion, Box 2630, Landover Hills, MD 20784, (301) 459-0738, (800) 448-6280, Fax (301) 552-0225, E-mail tomantion@AOL.com

Who Should Attend

This program was developed for community, retail and hospital pharmacists.

← EXAMPLE A

Cancellation & Refund Policy

Refunds will be granted (less a \$15 administrative fee) for cancellations received in writing (postmark or fax date) by Monday, May 22, 2000. Refunds will not be granted due to inclement weather, cancellations received after May 22, 2000, or no shows.

← EXAMPLE I³

Pharmacy Continuing Education

This program has been awarded 3.5 hours of pharmacy continuing education (PCE) credit. PCE credit will be earned based upon participation in this program. Any individual who is more than 10 minutes late to a program, or anyone who leaves the program early will not be granted PCE credit. This procedure will be strictly enforced, so please plan accordingly. Participants must also complete the program evaluation, answer post-test questions and sign the Attendance Roster to receive PCE credit.

← EXAMPLE E

← EXAMPLE B

Statements of Credit will be sent by the Michigan Pharmacists Association four to six weeks after the program.

← EXAMPLE L

← EXAMPLE C



The Michigan Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing education. (ACPE Program No: 112-000-00-203-L01; initially released February 25, 1999)

← EXAMPLE D

← EXAMPLE K

Additional Information

For questions or concerns, contact John Citizen at (555) 555-5555.

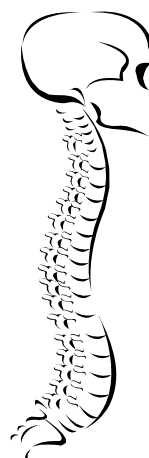
← EXAMPLE M



815 N. Washington Ave.
Lansing, MI 48906

Michigan Pharmacists ASSOCIATION

FOR A SELF-MAILER, INSERT YOUR LOGO AND ADDRESS



Osteoporosis Management

INSERT PROGRAM NAME, DATE, TIME AND LOCATION

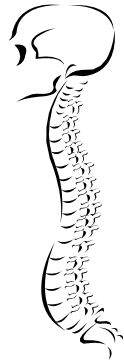
May 25, 2002
1 p.m.-4:30 p.m.
Doubletree Hotel
Novi, Michigan

EXAMPLE J

Provided by the Michigan Pharmacists Association, Pharmacy Services Inc., and Proctor & Gamble Pharmaceuticals

Program Description

Osteoporosis, a disorder of bone metabolism that can lead to fractures and disability, is a major public health concern. Osteoporosis frequently goes undetected until a fracture occurs, despite the fact that the disease is often preventable and treatable. Pharmacists can play an important role in identifying patients at risk for osteoporosis, advising them about ways to reduce their risk, and ensuring that they derive optimal outcomes from drug therapy. This program reviews the pathophysiology and diagnosis of osteoporosis; describes lifestyle modifications and drug therapies used to prevent and treat osteoporosis, with an emphasis on emerging therapies; and provides pharmacists with examples of pharmaceutical care interventions that will benefit patients with osteoporosis. Additionally, participants will be taught how to incorporate bone density testing documentation techniques and patient care management skills into their osteoporosis practice. This program will conclude with a hands-on demonstration of an ultrasonometer used for bone density evaluations.



Program Agenda

- 1 p.m.-3 p.m. **Disease and Pharmacotherapy Review**, *Elena Umland, Philadelphia College of Pharmacy, Philadelphia, PA*
- 3 p.m.-4 p.m. **Incorporate Bone Density Testing into Your Pharmacy Practice**, *Dianne E. Miller, R.Ph., Michigan Pharmacists Association, Lansing, MI*

EXAMPLE F

EXAMPLE G

Program Objectives

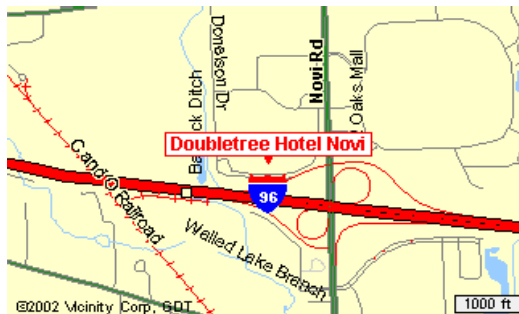
EXAMPLE H

- Discuss the prevalence, etiology, pathophysiology, and diagnosis of osteoporosis.
- Describe preventative measures for osteoporosis.
- Compare and contrast the various pharmacotherapeutic agents currently used to treat osteoporosis.
- List emerging therapies and factors to consider when selecting a course of therapy for osteoporosis.
- Explain the pharmacist's role in the management of patients with, or at risk for, osteoporosis.
- Apply techniques on how to establish and market osteoporosis care as a new and successful pharmacy service.
- Describe how to identify patients with osteoporosis by using a bone density evaluation device.

Location & Directions

Doubletree Hotel, Novi, Michigan
27000 Sheraton Drive, (248) 348-5000

Take I-96 to exit 162, Novi/Walled Lake proceeding across Novi Road to hotel.



Osteoporosis Management Registration

EXAMPLE I¹

- Member \$35.00
- Nonmember \$55.00

Name

Company

Address

Phone

City/State/Zip

EXAMPLE I²

Registration deadline is Monday, May 22, 2000

Method of Payment:

- Check (make payable to _____)
- Bill Me
- Visa
- MasterCard

Credit Card Number Exp. Date

Signature

Return to:
Michigan Pharmacists Association
815 N. Washington Ave.
Lansing, MI 48906
(517) 484-1466
Fax (517) 484-4893

MPA Menu of Services

MPA is committed to providing quality pharmacy continuing education. To assist Sponsoring Organizations with administrative and technical matters, MPA offers the following services.

Please check the service of interest:

Meeting Management

- Onsite registration staffing \$20/hour/person
- Staff travel \$0.37/mile/vehicle
- Photo copies—white paper \$0.10/side
- Photo copies—colored paper \$0.15/side
- Brochure design \$60/3 panel brochure (content must be provided)
- Name badges (black and white) \$0.45 for 1-100
- Name badges (black and white) \$0.43 for 101-200
- Name badges (black and white) \$0.41 for 200-300
- Table tent cards (black and white) \$0.75 for 1-50
- Table tent cards (black and white) \$0.65 for 51-100
- Table tent cards (black and white) \$0.55 for 101-150
- Process and mail confirmation letters \$1/person

CE Coordination

Optional CE coordination rates:

- Contact speaker(s) to verify interest— \$20/hour
- Confirm speaker commitment via fax or mail correspondence— \$1/page (minimum 3 pages)
- Guide speaker(s) in program development— \$20/hour
- Follow up with speaker(s) to obtain required information (signed presenter’s agreement, CV/resume, handout) – \$20/hour
- Copy evaluations on NCS Survey paper – \$.30 for 1-100
- Copy evaluations on NCS Survey paper – \$.25 for 101-200
- Copy evaluations on NCS Survey paper – \$.20 for 201-300
- Summarize completed evaluations – \$20/hour

Mailings

- Staff time— \$16 per hour (can include copying, stuffing, posting, and mailing)
- Photo copies—white paper – \$.10/side
- Photo copies—colored paper— \$.15/side
- Postage at first class rate
- Cost of mailing service if deemed necessary by MPA staff (specific costs provided upon request)
- Additional incidentals at cost

Credit Card Processing (for seminars, etc.)

- \$20 per event, regardless of number of attendees, plus an additional 2.5% of total transactions



- YES, I would like to take advantage of the above-indicated services provided by MPA.

Name of Sponsoring Organization ACPE Provider Number (if applicable)

Address City/State/Zip

Name of Individual Responsible for Pharmacy Continuing Education Activity Daytime Phone

I understand that at times, MPA may not be able to complete the services as requested. I also understand the related fees will be due to MPA within 14 days of completion of the program. By signing this request for services, I am verifying that I have the authority to purchase such services on behalf of the listed Sponsoring Organization.

Signature of Individual Responsible for Pharmacy Continuing Education Activity Date



Michigan Department of Consumer & Industry Services
Bureau of Health Services – Continuing Education Program
 P.O. Box 30670
 Lansing, Michigan 48909
 (517) 335-0918*
 TTY (517) 373-7489

APPLICATION FOR APPROVAL OF A PHARMACY CONTINUING EDUCATION PROGRAM

*Authority: Public Act 368 of 1978, as amended
 If this form is not completed, approval will not be granted.*

SECTION I – Program Information (Application Must be Typed)

NAME AND COMPLETE MAILING ADDRESS OF SPONSORING ORGANIZATION NAME OF PROGRAM DIRECTOR PHONE NUMBER () HOW MANY HOURS OF COURSE INSTRUCTION WILL BE PROVIDED? (EXCLUDE BREAKS, MEALS, ETC.)	CONTINUING EDUCATION PROGRAM TITLE PREVIOUS APPROVED NUMBER FOR THIS PROGRAM, IF ANY: PROGRAM DATE AND LOCATION (MUST BE COMPLETED)
---	---

All certificates should show the following for use in Michigan for continuing education credit:

1. The name of the sponsor
2. The name of program
3. The name of the attendee
4. The date of the program
5. The approval number and whose approval
6. The number of hours approved for and the number of hours the licensee attended
7. The signature of the person responsible for attendance monitoring and his/her title

SECTION II – Program Information (Application Must be Typed)

APPLICANT ✓	ELEMENTS TO BE INCLUDED WITH APPLICATION	BOARD REVIEWER ✓
NOTE: <u>Three complete copies</u> of all application materials must be submitted in the following order.		
This offering is a planned learning program designed to promote the continual development of knowledge, skills, and attitudes on the part of the licensee. Attach:		
	A program schedule	
	An explanation of how the program is being designed to further educate pharmacists including a short narrative describing the program content and the criteria for the selection of this topic.	
	A copy of the instructional objectives which have been developed for this program.	
	Copies of all promotional and advertising materials for this program.	

(OVER)

Michigan Department of Consumer & Industry Services Application for Approval of a PCE Program (continued)

APPLICANT ✓	This offering has responsible sponsorship and capable direction including administrative support, which assures maintenance and availability of adequate records of participation as well as adequate budget and instructional resources. Attach:	BOARD REVIEWER ✓
	A brief description of the sponsoring organization.	
	The name, title and address of the Program Director and a description of his/her qualifications to direct this program.	
	A description of how and where program records (promotional materials, handouts, records of attendance and CE credit awarded, program evaluations, and post-test scores) will be maintained and the name, title, and address of the individual responsible for maintaining these records.	
	A description of how the amount of CE credit to be awarded for this program was determined.	
	A description of how participants will be notified that CE credit has been earned. Include a copy of the certificate or other document to be issued.	
	A description of the physical facilities available to assure a proper learning environment.	
The program is taught by appropriate, qualified, competent teaching staff and uses delivery methods which allow for active participation and involvement of those in attendance. Attach:		
	A description of how faculty for this offering was chosen. Include how the nature of the topic, the desire for fair, balanced program content, and program duration influenced the size and selection of faculty for this offering.	
	A copy of the Curriculum Vitae for each member of the instructional staff.	
	A description of the delivery method or methods to be used and the techniques that will be employed to assure active participation.	
Mechanisms exist to allow for evaluation of the participant and the provider. Attach:		
	A copy of the post-test instrument to be used for participant evaluation.	
	A description of how post-tests will be administered, corrected, and returned to participants.	
	A description of how post-test performance will influence awarding of CE credit.	
	A copy of the program evaluation form to be used by participants to evaluate the quality of this offering.	
	A description of how information provided by participants on program evaluation forms will be used to influence future offerings.	
	A description of how attendance is monitored, sample documents, and the name of the person monitoring.	

(GO TO NEXT PAGE)

PHARMACY TECHNICIAN CERTIFICATE OF PARTICIPATION

(Please Print)

Name _____

Address _____ City/State/Zip _____

Program Sponsor _____

Program Completed	Program #	Date	Contact Hours Earned
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify I have attended or completed the above named educational programs(s) for a total of _____ contact hours.

Signature of Participant

CERTIFICATE WILL NOT BE VALID UNTIL PROGRAM HAS BEEN COMPLETED.

DO NOT WRITE BELOW THIS LINE

I hereby certify that the above named person has completed _____ hours of continuing education prior to certification of this form by:

Program Coordinator Validation

Date

Company