



OKLAHOMA STATE BOARD OF PHARMACY

2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105
Phone: (405) 521-3815 / Fax: (405) 521-3758
www.pharmacy.ok.gov
e-mail: pharmacy@pharmacy.ok.gov

**Self-Addressed
Stamped Envelope must
Be submitted for Response**

APPLICATION FOR EVALUATION OF CONTINUING EDUCATION

- All programs to be evaluated must be submitted with documentation supporting the program (e.g. agenda, brochure/flyer, schedule, syllabus, program, etc.).
- Non-live programs must be accompanied by a post-program test or evaluation.
- All materials received for evaluation will be retained by the Board.
- A self-addressed stamped envelope must be submitted to receive a copy of the evaluation approval.

1. Name of sponsoring individual or organization: _____

2. Address of sponsor: _____

3. Title of program: _____

4. Date of program: _____ 5. Time of program: _____

6. Program location: _____

7. Estimated CE contact time: _____

8. Program objectives: _____

9. Individual submitting program for evaluation: _____

10. Type of Seminar (i.e. Live, Correspondence, Webinar, etc): _____

11. Proof of attendance and/or completion:

CE Sponsors must provide a certificate of attendance/completion AND a copy of this evaluation form to each participant. [This form may be printed on the back of the certificate.]

SPONSOR NOTE: All materials used, plus a list of participants receiving completion certificates, must be retained by the sponsor for four (4) years.

FOR BOARD USE ONLY:

Envelope: ___ Yes ___ No

Date of Evaluation: _____

This program has been evaluated and is approved for _____ hours of CE credit for two (2) years from the date of evaluation.

(Initials of committee members)

(Signature of evaluator)

Remarks: