

Application for Initial HIV Postexposure Prophylaxis Certification Course



**Board of Pharmacy
P.O. Box 6330
Tallahassee, FL 32314-6330
Website: www.floridaspharmacy.gov
Email: info@floridaspharmacy.gov
Phone: (850) 245-4474
FAX: (850) 921-5389**





Application for Initial HIV Postexposure Prophylaxis Certification Course

Board of Pharmacy
4052 Bald Cypress Way Bin C-04
Tallahassee, FL 32314-6330
Fax: (850) 921-5389
Email: info@floridaspharmacy.gov

The offering approval submitted must adhere to the Rule 64B16-31.011, Florida Administrative Code, Collaborative Practice Certification: HIV Postexposure Prophylaxis Certification Course for Collaborative Pharmacy Practice Certification and section 465.1861(6)(e), Florida Statutes, to be eligible for Provider Approval by the Board of Pharmacy.

Please read the following before completing this application:

1. All information must be legibly printed or typed.
2. Complete all sections.
3. Identify all attachments with your organization's name.

1. CONTACT INFORMATION

Contact Person Name: _____
Last/Surname First Middle

Title: _____

Name of Organization, Institution or Agency (Do not use initials of abbreviations):

Mailing Address:

Street/P.O. Box Apt. No. City

State ZIP Business Telephone (Input without dashes)

Email Notification: To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: _____

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

2. ADMINISTRATION AND ORGANIZATION

A. Administrative Authority:

Provide the name and title of the person in charge of the program of study. (If responsibilities are shared by more than one individual, please indicate responsibilities of each person using supplementary sheets.)

Name _____ Title _____

Name _____ Title _____

B. Please provide your Accreditation Council for Pharmacy Education (ACPE), American Medical Association (AMA), or Florida Osteopathic Medical Association (FOMA) provider number.

C. Describe the nature of the applicant's role relative to the program of study and coursework.

3. ADMINISTRATIVE REQUIREMENTS

A. Please describe the nature of the system used for the maintenance and availability of records of participation in this program.

B. Attach a sample certificate, letter or other document that is generally used as evidence to participants of satisfactory completion of the program of study for initial certification. Indicate the manner in which this document is distributed.

C. Indicate the number of course hours and type of study requested:

_____ Live _____ Home Study

4. EDUCATIONAL CONTENT DEVELOPMENT

A. Briefly describe the process for identifying educational needs and the manner in which topics for programs are usually determined.

B. Describe the goals and objectives of your overall educational effort.

- C. Briefly describe the usual planning process for an individual program. Indicate the time frame that may typically be involved.

5. METHODS OF DELIVERY

- A. What factors are taken into consideration in choosing the method of delivery for a particular program?

- B. What is the review process that a home study program (audio-visual components, programmed learning, correspondence course, etc.) might undergo before it is offered to a new audience if utilized?

6. FACILITIES

- A. Name the facilities utilized for the past two programs presented.

- B. What factors are considered in choosing facilities for programs?

- C. If the preparation of educational offerings during the past year involved the production of audio-visual or other media materials such as programmed learning or correspondence course, etc., describe the facilities and equipment available and utilized for such preparations.

7. EVALUATION

- A. What opportunities are given for the participant to assess his/her evaluation of course objectives?

B. Describe the methods employed to evaluate the effectiveness of the provider's programming and its presentation.

C. Please attach a sample attendee evaluation instrument.

Please submit completed application to CEBroker at www.CEBroker.com.