



**DIVISION OF MEDICAL QUALITY ASSURANCE
BOARD OF PHARMACY
4052 BALD CYPRESS WAY, BIN CO4
TALLAHASSEE, FLORIDA 32399-6254
PHONE: (850) 245-4292 FAX: (850) 413-6982**

**BOARD OF PHARMACY IMMUNIZATION CERTIFICATION PROGRAM PROVIDER
APPLICATION**

The offering approval submitted must adhere to the Rules for Vaccine Certification Program, Section 64B16-26.1031, F.A.C., to be eligible for Provider Approval by the Board of Pharmacy.

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS APPLICATION:

- 1. All information must be printed or typewritten.**
- 2. Complete all sections.**
- 3. Identify all attachments with your agency name.**
- 4. Include four (4) copies of all application material.**

OFFICIAL NAME OF ORGANIZATION, INSTITUTION OR AGENCY APPLYING FOR APPROVAL AS A PROVIDER OF CONTINUING PHARMACY EDUCATION OR PHARMACY COURSEWORK.

1. **Contact Person** _____
Last First Middle Initial

2. **Title** _____

3. **Name of Organization, Institution or Agency (Do not use initials or abbreviations)**

4. **Business**

Address _____
P.O. Box or Street

_____ City State Zip

5. Business Phone Number _____

(Area Code and Number)

(Fax Number)

6. Email Address _____

SECTION I. ADMINISTRATION AND ORGANIZATION:

1. Administrative Authority:

Provide the name and title of 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 _____

2. Please complete application for registration as Educational Program Administrator in Florida Pharmacy C.E. for each individual named above. Attach form(s) to completed application.

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

SECTION II. ADMINISTRATIVE REQUIREMENTS:

1. Describe the various means by which programming is promoted _____

2. Attach a sample of the program announcement, simulated program announcement or promotional piece utilized for the two most recent program of study.

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

4. 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.

5. Is there a formal policy regarding the management of grievances and tuition refund? If this policy is available in written form, please attach a copy. Describe the manner in which this policy is made known to participants in your program. If such policy does not exist, please describe the manner in which these matters are handled.

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

_____ Live _____ Home Study

SECTION III. EDUCATIONAL CONTENT DEVELOPMENT:

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

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

3. State the goals and educational objectives of your most recent offered program of study.

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

5. What sort of evaluation is generally undertaken to determine the cause for insufficient registration for those activities cancelled?

6. Could you generally have accommodated additional participants without reducing the quality and value of the educational experience?

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

8. 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?

9. Are there provisions for the participant to demonstrate successful completion of the home study program? If so, please describe.

SECTION IV. METHODS OF DELIVERY:

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

SECTION V. FACILITIES:

1. Name the facilities utilized for the past two programs presented.

2. What factors are considered in choosing facilities for programs?

3. **Have any problems been encountered during the past year that have been attributed to the facilities utilized, and if any, please describe the steps that have been taken to remedy the problems?**

SECTION VI. EVALUATION:

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

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

3. **Describe methods that provide feedback of the group's attainment of the learning objectives.**

4. **Please attach a sample attendee evaluation instrument.**