



NOTIFICATION OF COURSEWORK FORM

Providers must submit this form **at least 15 days in advance** of each new course offering. Failure to submit this form in a timely manner may jeopardize the provider's accreditation status.

Coursework submitted by providers with an "inactive accreditation" status will **not** be approved.

NOTE: In the event that multiple CE courses are offered together (i.e. multi-program and/or multi-day symposium), separate Notification of Coursework Forms are ideal. You may use a different format but the program information required below must be listed for each individual program.

Provider Name _____

Provider Number _____ Contact Person _____

Title of Course _____

Speaker's Name & Professional Designation _____

Number of hours awarded _____

Program format (check one):

Live Event Date presented _____

Independent Study (on-line, Journal, etc.) Date first made available _____

CE Administrator Signature

Date

Please return this form to:

California Accreditation for Pharmacy Education
c/o Pharmacy Foundation of California
4030 Lennane Drive • Sacramento, CA 95834

FAX: (916) 779-1411

Email: spresidio@pharmacyfoundation.org

For office use only:

Date Received _____

Date Entered _____