



## Continuing Education Provider Application

**Please Note:** Due to the Pharmaceutical Research and Manufacturers of America (PhRMA) and the Office of Inspector General (OIG) restrictions to continuing education programs sponsored by manufactures, CAPE will not accept applications from pharmaceutical and biomedical device manufacturers seeking accreditation as providers of continuing education.

### SECTION 1 - APPLICANT INFORMATION

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ FAX \_\_\_\_\_

Email Address \_\_\_\_\_

Name & address of the Continuing Education Administrator:

\_\_\_\_\_  
\_\_\_\_\_

Name, phone number & email address of alternative contact person, *if applicable*:

\_\_\_\_\_  
\_\_\_\_\_

Please check most appropriate category for your organization:

- Individual       Partnership       Health Facility       Government Agency  
 Corporation       University/College/School       Local Pharmacy Association  
 Drug Wholesaler       Other (please specify) \_\_\_\_\_

Is the organization a subsidiary or division of a parent corporation?     Yes     No

If yes, provide name of the corporation: \_\_\_\_\_

## SECTION 2 - APPLICANTS WHO HAVE ALREADY PRESENTED COURSEWORK

**IMPORTANT:** Please complete this section if you have presented continuing education coursework to pharmacists, nurses, or physicians in the past. If not, please skip this section and complete Section 3.

Accrediting Organization \_\_\_\_\_ Provider Number \_\_\_\_\_

Years accredited \_\_\_\_\_ (for example: March 1989 – March 2000)

Is your organization still accredited?  Yes  No

If no, please explain why: \_\_\_\_\_

What types of programs did your organization offer?  Live  Home Study  On-line

Target Audience \_\_\_\_\_

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Is the Continuing Education Administrator for this program the same person you designated in Section 1?  Yes  No

## SECTION 3 - ENCLOSURES

The following items must be enclosed with this application to be considered complete:

- Application Fee: **\$850.00**  
*Please make check payable to "Pharmacy Foundation of California" or call to pay by credit card. Invoices are sent upon request. Taxpayer ID #:94-9813729.*
  
- One copy of your Provider Policy & Procedure Manual submitted via mail or email. Faxed copies will not be accepted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please send completed applications to:**  
California Accreditation for Pharmacy Education  
c/o Pharmacy Foundation of California  
4030 Lennane Drive  
Sacramento, California 95834