

**APPLICATION FOR APPROVAL OF A CONTINUING EDUCATION PROGRAM**

Authority: 1978 PA 368

A continuing education program application must be submitted a minimum of 60 days prior to program date. Programs offered prior to approval will be denied.

Sponsor Name		
Sponsor Street Address		
City	State	Zip Code
Contact Person	Phone Number	Email Address
Continuing Education Program Title		
Previous Approval Number for this Program, if any		
Program Date(s) and Location(s)		
Total Number of Hours of Course Instruction (Excluding Breaks, Meals, etc)	Can a Board Member or member of the Department attend the program?	
	Yes	No
<p>Approved program providers must issue certificates or letters of attendance for continuing education credit in Michigan that include the following:</p> <ul style="list-style-type: none"> <li>• The name of the sponsor.</li> <li>• The name of the program.</li> <li>• The name of the attendee.</li> <li>• The date of the program.</li> <li>• The Michigan approval number as assigned by the department.</li> <li>• The signature of the person responsible for attendance monitoring and his/her title.</li> <li>• The number and type of hours attended.</li> </ul>		

**Required Additional Documents**

- A program schedule, including date of the program, topics, the name of speaker, and break times.
- An explanation of how the program is being designed to further educate pharmacy technicians, including a short narrative describing the program content and the criteria for the selection of this topic.
- Copies of instructional objectives that have been developed.
- Copies of all promotional and advertising materials for the program.
- The name, title and address of the program director and a description of his or her qualifications to direct the program.
- A description of how the amount of continuing education credit to be awarded for this program was determined.
- A description of how participants will be notified that continuing education credit has been earned.
- A description of the physical facilities, lab, or pharmacy available to ensure a proper learning environment.
- A copy of the curriculum vitae for each instructional staff member.
- A description of the delivery method or methods to be used and the techniques that will be employed to assure active participation.
- A copy of the post-test instrument that will be used for participant evaluation.
- A description of how post tests will be administered, corrected, and returned to participants.
- A description of how post-test performance will influence the awarding of continuing education credit.
- A description of how attendance will be monitored, including sample documents, and the name of the person monitoring attendance.
- This application may be submitted to this office by emailing the form and required documents to [BPLData@michigan.gov](mailto:BPLData@michigan.gov)

**CERTIFICATION AND SIGNATURE**

I hereby certify that the statements made in this application are true, complete, and correct, and the materials submitted accurately reflect the presentation and administration of this continuing education program.

If not signed and dated, your application will not be complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date