



Bureau of Professional Licensing  
 PO Box 30670 • Lansing, MI 48909  
 Telephone: (517) 241-7500  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPL-Board Support@michigan.gov](mailto:BPL-Board Support@michigan.gov)

## APPLICATION FOR APPROVAL OF A PHARMACY CONTINUING EDUCATION PROGRAM

Authority: 1978 PA 368

A continuing education program application must be submitted a minimum of 70 days prior to program date. Programs offered prior to approval will be denied.

Pharmacy Technicians: \_\_\_\_\_ Pharmacists: \_\_\_\_\_ Pharmacy Technicians and Pharmacists: \_\_\_\_\_

Sponsor Name		
Sponsor Street Address		
City	State	Zip Code
Contact Person	Phone Number	Email Address
Continuing Education Program Title		
Continuing Education Program Topic (if different than the Title)		
Previous Approval Number for this Program Title/Topic if any		
Program Date(s)	Location(s) if different then address above	
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 _____	
Approved program providers must issue certificates or letters of attendance for continuing education credit in Michigan that include the following: <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 speaker or instructor.</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 dates of the current approval term.</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>		

LARA/BPL-PHARMCE (Rev. 04/2021)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**Required Additional Documents - submit via email to [BPL-BoardSupport@michigan.gov](mailto:BPL-BoardSupport@michigan.gov)**

- A program schedule, including date of the program, topics, the name of speaker, and break times.
- An explanation of how the program is relevant to health care and will educate pharmacists and/or pharmacy technicians, including a short narrative describing the program content and the criteria for the selection of this
- How the program meets the requirements of administrative rule 338.3043 and is within an acceptable category of continuing education in R 338.3044.
- 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.
- A Patient Protection Form for any program or course that involves treatment of live patients.

**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