

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 Influenza Immunization Certification Program, Chapter 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

1.	<b>Contact Person</b>				
		Last	First	Middle Initial	
2.	Title				
3.			gency (Do not use init	ials or abbreviations)	
4.	Business				
Addre	ss				
		F	P.O. Box or Street		
	City		State		Zip

5.	Business Phone Number	
	(Area Code and Number) (Fax Number)	
6.	Email Address	
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	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 that one individual, please indicate responsibilities of each person using supplementary sheets.)	
	NAME TITLE	_
	NAME TITLE	
2.	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 promotion piece utilized for the two most recent program of study.	nal
3.	Please describe the nature of the system used for the maintenance and availability of records participation in this program.	of
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. Indica the manner in which this document is distributed.	te
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.	
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6.	Indicate the number of course hours and type of study requested: Live CEHome 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 audiovisual 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?
2.	Indicate the number of educational programs delivered by each of the methods listed below in the past year:
	Live Lecture only. Live lecture with open discussion period. Workshop or discussion groups only. Laboratory Videotape lecture. Cassette tape. Journal articles. Home study book or booklet. Presentation of scholarly articles or research. Other:
3.	If home study courses are offered (by cassette tape, journal articles, telephonic transmissions, etc.) are there provisions for the pharmacist to demonstrate successful completion of the course? If so, please describe the means by which this is accomplished.

	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? Please attach a sample of a typical evaluation instrument, if such is utilized.
2.	Describe the methods employed to evaluate the effectiveness of the provider's programming and its presentation. Please attach a sample of this evaluation.
3.	Describe methods that provide feedback of the group's attainment of the learning objectives.