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STATE OF DELAWARE
BOARD OF PHARMACY

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

REQUEST FOR INDIVIDUAL PROGRAM APPROVAL

INSTRUCTIONS

When to Submit

If you are a **Delaware-licensed Pharmacist**, submit this form to request Board approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining your Delaware Pharmacist license. You are encouraged to submit approval requests before attending the program/course. However, the Board will consider requests received after the event provided that it receives the request no later than 60 days before your license expiration date.

- If you are a CE provider, do **not** submit this form. See the [Request for Approval as a Continuing Education Provider](#) form.

The Board automatically approves courses or programs sponsored or presented by providers that are approved by the Accreditation Council for Pharmacy Education (ACPE) or by the Board. **If the course/program is sponsored or presented by an ACPE-approved provider or a Board-approved provider, STOP. You do not need to submit this form.**

The topics of study must be designed to maintain and enhance the contemporary practice of pharmacy. Individual courses/programs must meet the criteria outlined in Section 1.5.4.3 of the Board's [Rules and Regulations](#). The number of CE hours credited may not equal the number of hours requested. The Board will randomly monitor programs onsite to ensure they meet the standards.

For full details on continuing education requirements, see Section 1.5.5 of the Board's [Rules and Regulations](#).

Documentation Required

- Complete request form.
- Enclose a *complete, detailed course outline, syllabus or program* that includes the lesson plan and typical timetable of the course, including all scheduled breaks.
- If this course/program has been submitted to another State Board of Pharmacy, submit documentation showing that Board's decision.

REQUESTER COMPLETES THIS SECTION

1. Is the provider of this course/program an approved ACPE provider or approved by the Delaware Board? Yes No If yes, **STOP. Do not submit this request.** Courses sponsored or presented by an ACPE-approved or Board-approved provider automatically approved.
2. Your Name: _____ Delaware License #: A1 - _____
Phone: _____ Email: _____@_____
3. **Total Contact Hours Requested (Excluding Breaks):** _____
4. Provider Name: _____
5. Course/Program Title: _____
6. Program Location: _____
Street City State Zip code
7. Has another State Board of Pharmacy that requires mandatory CE reviewed this course/program? Yes No **If yes, enter state:** _____ **How many hours were awarded?** _____

Submit documentation from the other Board showing the Board's decision.

REQUESTER COMPLETES THIS SECTION (continued)

8. What is the educational objective of this program/course? _____

9. In which of these areas does this program or course apply to the contemporary practice of pharmacy? Check all that apply.

- Maintenance of proper pharmacy/patient records
- Proper safe storage of drugs
- Drug utilization and/or drug regimen review
- Therapeutic drug selection and substitution of therapeutically equivalent drug products
- Advice to patient (counseling) regarding drug therapy
- Over the counter product recommendations
- Monitoring of drug therapy to determine potential problems, combinations of medications ordered, or non-compliance with prescriber's orders
- Teaching of pharmacy
- Industrial practices relating directly to the practice of pharmacy
- Administrative functions directly related to the practice of pharmacy
- Proper compounding, dispensing, labeling, packaging, administration of medication
- Pharmacology and Pharmacokinetics
- Drug interactions (drug-drug, drug-food, drug-disease)
- Other (explain): _____

10. Is this course/program required as part of "on the job training"? Yes No

11. Does your employer require this course/program for continued employment (e.g., OSHA training, JCAHO Infection Control, etc.)? Yes No

12. Is there a pre-test? Yes No Is there a post-test? Yes No

Note: If pre- and post-test requirements are not met, 25% of the requested number of CE hours will be deducted.

Enclose a complete, detailed course outline, syllabus or program that includes the lesson plan and typical timetable of the course, including all scheduled breaks.

Signature: _____ **Date:** _____

Submit this form and all supporting documentation to the Delaware Board of Pharmacy at the address above. If you have questions, email: customerservice.dpr@state.de.us.

BOARD OFFICE COMPLETES THIS SECTION

Board Review Date: _____

Signature of Board Executive Secretary: _____

- Approved for _____ hours. Approval Expires: _____
- Tabled - List reason(s) below. Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):

