



**Canadian Council on Continuing Education in Pharmacy
Le Conseil canadien de l'éducation permanente en pharmacie**

Dedicated to the advancement of lifelong learning by pharmacists in Canada

Application for Accreditation

Administrative Review

Date Received
Complete
Original File #
Report Due
Preliminary Report
Final

Cheque Received
Receipt #
Expiry Date

In submitting an application for accreditation, providers and sponsors confirm an understanding of and compliance with the most current version of the *Guidelines and Criteria for CCCEP Accreditation*, as posted on our web site at www.cccep.org or as advised by the Executive Director.

Failure to adhere to the Guidelines and Criteria may result in denial of accreditation or revocation of accreditation.

CCCEP will not commence the review process until the submission is complete.

All required forms are available on the CCCEP web site.

1. **Submission Date** _____
2. **Program Title** _____
3. **Original Program Title** _____
4. **Original CCCEP File #** _____
and Expiry Date _____
5. **Original Author** _____
6. **Program Revised by** _____
7. **Program Format** (Live, Print, Web, CD, etc) _____
8. **Review Process Requested**
☐ Administrative Review (preliminary report to contact person two weeks from receipt of complete submission)
9. **Accreditation Fee Enclosed** \$ _____
(Refer to Section 34 of Guidelines - fee subject to GST)

AdmRev

Effective November 1, 2004

- 10. Program Provider** (person or group responsible for development and submission)
Name/ Title _____
Company _____
Mailing Address _____
Phone _____ Fax _____
Email _____
- 11. Program Distributed by** (if different from above)
Name/Title _____
Company _____
Mailing Address _____
Phone _____ Fax _____
Email _____
- 12. Program Sponsored by** (if different from above)
Name/Title _____
Company _____
Mailing Address _____
Phone _____ Fax _____
Email _____
- 13. Contact Person** (any inquiries from CCCEP and the accreditation report will be directed to this person.)
Name/Title _____
Company _____
Mailing Address _____
Phone _____ Fax _____
Email _____
- 14. Author(s)** (attach separate page for additional authors)
Name/Degree(s) _____
Current Position _____
Employed at _____
Mailing Address _____
Phone _____ Fax _____
Email _____

Topic Expertise _____

15. Reason Administrative Review is requested (*please explain*)

16. Enclosed with this application is one copy of:

- ☐ Original program - with deletions clearly marked
- ☐ Revised program - with changes clearly marked
- ☐ Disclosure Statements for opening slide or publication
- ☐ Learning Objectives
- ☐ Table of Contents or Index
- ☐ Reference List
- ☐ Information available to learner re submission of answers, marks required, and notification of results (if applicable)
- ☐ Post-test Questions (if applicable)
- ☐ Answer Key with Rationale (if applicable - as a separate document - not attached to lesson / post test)
- ☐ Alternate Learner Assessment (if applicable)
- ☐ Schedule (for live programs)
- ☐ Program Evaluation Form
- ☐ Sample Certificate or Letter for participants
- ☐ Disclosure Forms

Author of Revised program
Provider

17. This program will be translated into French: yes no

If 'Yes', the provider must submit the required signed statement from the translator.

Once the translation is confirmed, CCCEP will advise all provincial CE offices (including Quebec) that the program is available in a French translation.

**The preliminary and final reports from the Executive Director
will be sent by email to the contact person noted above.**

A copy by fax/ mail can be provided on request.