THE DEPARTMENT OF HEALTH REGULATORY SERVICIES HEALTH PRACTICE COMMISSION

## PHARMACY COUNCIL

## **Continuing Pharmacy Education (CPE) Summary Form**

| Name:   | TYPES OF CONTINUING EDUCATION: |  |  |  |
|---|--------------------------------|--|--|--|
| Registration No:  | CPR                            | Current Cardiopulmonary resuscitation (CPR) certificate.                                       |  |  |
|   | LIVE                           | Presentations, seminars, conference/ workshops attended - Minimum 10 CPE'S [hours]             |  |  |
| Please list your completed CPE(s) and attach the  | FORMAL                         | Education time towards a degree or certificate related to pharmacy - Maximum 10 CPE'S [hours]  |  |  |
| certificates in the same order. Forty (40) CPE hours<br>and a current CPR are required. CPR credit is not | INTERNET                       | Online Continuing Pharmacy Education programs - Maximum 20 CPE'S [hours]                       |  |  |
| included. Please attach a copy of your current CPE  | WORK                           | Enhancing professional knowledge through work-related activities [must have a letter signed by |  |  |
| certificate.  |                                | supervisor as proof] - Maximum 10 CPE'S [ hours]   |  |  |

| 40 Mandatory CPE (s) (to be completed within the prior/last 24 months) |                   |                    |       |  |  |
|--|-------------------|--------------------|-------|--|--|
| CPR Certificate  | SPONSOR/PROVIDER: | DATE (dd/mm/yyyy): | HOURS |  |  |

| TITLE OF PROGRAM | SPONSOR/PROVIDER | TYPE OF CPE | DATE DD/MM/YY | HOURS |
|------------------|------------------|-------------|---------------|-------|
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|                  |                  |             |               |       |
| CPE TOTAL        |                  |             |               |       |

I certify that the above statement is a true and accurate record of the Continuing Pharmacy Education programs I completed. I am aware that any deliberate falsification included in this document will constitute a breach of good faith and result in the loss of one's license to practice. 
Please see the continuation sheet (page 2)

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## **Continuing Pharmacy Education (CPE) Summary Form**

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| TITLE OF PROGRAM | SPONSOR/PROVIDER | TYPE OF CPE | DATE DD/MM/YY       | HOURS |
|------------------|------------------|-------------|---------------------|-------|
|                  |                  |             | Page 1 CPE subtotal |       |
|                  |                  |             |                     |       |
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| CPE GRAND TOTAL  |                  |             |                     |       |

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