



TYPES OF CONTINUING EDUCATION:	
<b>CPR</b>	Current Cardiopulmonary resuscitation (CPR) certificate.
<b>LIVE</b>	Presentations, seminars, conference/ workshops attended - Minimum 10 CPE'S [ hours]
<b>FORMAL</b>	Education time towards a degree or certificate related to pharmacy - Maximum 10 CPE'S [ hours]
<b>INTERNET</b>	Online Continuing Pharmacy Education programs - Maximum 20 CPE'S [ hours]
<b>WORK</b>	Enhancing professional knowledge through work-related activities <b>[must have a letter signed by supervisor as proof]</b> - 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
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)***

Date \_\_\_\_\_

# PHARMACY COUNCIL

## Continuing Pharmacy Education (CPE) Summary Form

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TITLE OF PROGRAM	SPONSOR/PROVIDER	TYPE OF CPE	DATE DD/MM/YY	HOURS
			<i>Page 1 CPE subtotal</i>	
CPE GRAND 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.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date