Reset Form

INDIANA BOARD OF PHARMACY
CONTINUING EDUCATION (C.E.) APPLICATION

State Form 50689 (R2 / 5-11)

INDIANA BOARD OF PHARMACY
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-2067
E-mail: pla4@pla.IN.gov
www.bop.IN.gov

INSTRUCTIONS:

1. *Please attach the following items to this application:*
   - *An agenda documenting the hours of organized learning experience.*
   - *Any supplementary materials: (for example, program outlines, hand-out materials, self-assessment questions, course contents, bibliographies, etc.)*
   - *A copy of the speaker's curriculum vitae, a description of speaker's expertise, work history or other documentation regarding the speaker's expertise on the topic.*
   - *Three (3) topic / presentation specific learning objectives for the program.*
2. *Applicants seeking credit for graduate level courses will be considered for credit upon the applicant providing:*
   - *Proof of successful completion of the course.*
   - *A course description from the college catalogue.*
   - *Examples of the topics covered in class.*

NOTE: Pharmacy student (PharmD candidate) presentations will no longer be accepted for Indiana continuing education hours.

Please return to:

Indiana Board of Pharmacy
Professional Licensing Agency
402 West Washington Street, Room W072
Indianapolis, IN 46204

TYPE OF PROGRAM

☐ Seminar ☐ Professional Meeting ☐ Teleconference ☐ Video
☐ Post-Graduate Course ☐ Home Study ☐ CD-ROM ☐ School of Pharmacy Program
☐ Other (*explain*): _____

Name of applicant	E-mail address
Address (*number and street, city, state, and ZIP code*)	Telephone number ( )
Program sponsor	
Program title	

Date of program (*month, day, year*)	Contact hour(s) of the course	Location of program

Method for evaluating the program	Web address

Please attach a copy of the speaker's curriculum vitae, a description of expertise, or other documentation regarding speaker's expertise on topic.

Name of speaker	
Title of speaker	Telephone number or e-mail address