



THE DEPARTMENT OF HEALTH REGULATORY SERVICES
Health Practice Commission



PHARMACY COUNCIL

Continuing Pharmacy Education (CPE) Summary Form

Name:

Registration No:

Please list your completed CPE(s) and attach the certificates in the same order. Forty (40) CPE hours and a current CPR are required. CPR credit is not included. Please attach a copy of your current CPE certificate.

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

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)

Signature _____ Date _____

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 Continued, page 2

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

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Signature _____

Date _____