

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 <u>www.cccep.org</u> 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

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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
- **D** 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 <u>If 'Yes'</u>, 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.

<u>AdminReview</u>

Effective November 1, 2004

³⁸⁶¹ Athol Street, Regina, SK S4S 3J2 Phone/Fax: 306-584-5703 nmcbean@accesscomm.ca www.cccep.org