

Dedicated to the advancement of lifelong learning by pharmacists in Canada

Application for Accreditation

<u>Independent Study</u> <u>Extended</u> Date Received Complete Original File # Original Expiry Date Preliminary Report Due Final

Cheque Received Receipt # Extended 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.ca</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 and the Executive Director determines if a program qualifies for this review process. All required forms are available on the CCCEP web site.

<u>Section 20.4</u> states that all criteria must be completed prior to accreditation of a program.

1.	Submission Date
2.	Original Program Title Extended Program Title
3.	Original CCCEP File #
4.	Original Expiry Date
5.	Initial Publication Date Extended Publication Date
6.	Program Format (Print, Web, CD, etc)

Effective November 1, 2004

102-4010 Pasqua Street, Regina, SK S4S 7B9 Phone 306-545-7790 Fax 306-545-7795 Email info@cccep.ca www.cccep.ca

7. Review Process Requested

Extended Program Review (preliminary report to contact person three weeks from
receipt of complete submission) On receipt of the submission the Executive Director will
determine if a program qualifies for this review process.

8. Accreditation Fee Enclosed \$

(Refer to Section 34 of the Guidelines - fee subject to GST)

9. **Program Provider** (person or group responsible for development and submission)

Phone Email	Fax	
Program Distributed by (if different Name/Title		
Company		
Mailing Address		
Phone	Fax	
Email		
Program Sponsored by (if differ Name/Title Company		
Company Mailing Address		
Phone	Fax	
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Contact Person (any inquiries from this person.)	in cooli and the accreation report will be directed	

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16. Enclosed with this application is one copy of:

- □ The program text/videos/cd/instructions, etc (including revisions per Expert Reviewer comments) *Revisions must be minimal and clearly identified*.
- Disclosure statements for publication
- □ Learning Objectives
- **Table of Contents or Index**
- □ Reference List
- □ Information available to learner re submission of answers, marks required, and notification of results.
- Post-Test Questions
- □ Answer Key with Rationale (as a separate document not attached to lesson / post test)
- □ Alternate Learner Assessment (if applicable)
- Program Evaluation Form
- □ Sample Certificate or Letter for participants
- □ Author's written response to Expert Reviewers' comments
- Signed Expert Reviewer release statements with all comments attached (collated/typed)
- Disclosure Forms

Author Expert Reviewers Provider

17. This program will be translated into French: yes no

<u>If 'Yes'</u>, the provider must submit the required signed statement (available on the web page) from the translator after the translation is completed, following final approval by CCCEP of the English submission.

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.

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