



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 Division of Health Professions Licensure

*Board of Registration in Pharmacy*  
 239 Causeway Street, Suite 500, 5th Floor  
 Boston, MA 02114

<http://www.mass.gov/reg/boards/ph>

PH (617) 973-0960 FAX (617) 973-0980 TTY (617) 973-0895

## Continuing Education Submission Form

Review requirements at: <http://www.mass.gov/courts/docs/lawlib/230-249cmr/247cmr4.pdf>

Submit form and supporting documentation via email to: [RequestRxBOPCE@MassMail.State.MA.US](mailto:RequestRxBOPCE@MassMail.State.MA.US)

PRESENTER NAME: \_\_\_\_\_ MA RPh License #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Directions: Please fill out a separate form for each continuing education program for which you seek Board approval. Attach a detailed outline of the program, including goals and objectives, a CV for each presenter, as well as the template for the certificate of completion. The completed form and supporting documentation must be submitted to the Board at least **30** days in advance of the scheduled program date.

PROGRAM TITLE: \_\_\_\_\_

PROGRAM NUMBER (assigned by the Board): \_\_\_\_\_

General Topic Category (check all that apply):

<input type="checkbox"/> Practice Management	<input type="checkbox"/> Patient Management/Clinical Topics	<input type="checkbox"/> Complex Non Sterile
<input type="checkbox"/> Disease States/Therapeutics	<input type="checkbox"/> Drugs and Dosage Forms	<input type="checkbox"/> Compounding
<input type="checkbox"/> Laws, Rules & Regulations	<input type="checkbox"/> Sterile Compounding	<input type="checkbox"/> Other (describe)

Delivery Mode:  Live Program  Home Study  Other (describe)

Date(s): \_\_\_\_\_ Location(s): \_\_\_\_\_  
 \_\_\_\_\_

Sponsor/Co-sponsor(s)\*: \_\_\_\_\_

\* Attach a copy of promotional materials.

Tuition (Fee): \$ \_\_\_\_\_ Estimated Number of Participants: \_\_\_\_\_

Amount of Credit: \_\_\_\_\_ (CEU's – 1 contact hour equals 0.1 CEU)

Advisor/Preceptor/Site Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

**NOTE: The provider will be directly responsible to the Board of Pharmacy for verification of participation in the program and the issuance of certificate for hours completed to each participant of said approved program. After the program, the presenter must forward a copy of the attendance list complete with program number.**