



THE DEPARTMENT OF HEALTH REGULATORY SERVICES
Health Practice Commission

PHARMACY COUNCIL
Continuing Pharmacy Education (CPE) Summary Form

Name: _____

Registration Number: _____

SELECT YOUR PROFESSION:

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PHARMACIST

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PHARMACY TECHNICIAN

Please list your completed CPE(s) and attach the certificates in the same order. Please attach a copy of your current CPE certificate.

Please note the following: **(to be completed within the last 24 months/prior to your license expiration)**

- Forty (40) mandatory CPE hours for pharmacist
- Twenty (20) mandatory CPE hours for pharmacy technicians
- A current CPR are required. CPR credit is not included.

TYPES OF CONTINUING EDUCATION

(to be completed within the last 24 months/prior to your license expiration)		<i>Pharmacist</i>	<i>Pharmacy Technician</i>
CPR	Current Cardiopulmonary resuscitation (CPR) certificate.	Mandatory	Mandatory
LIVE	Presentations, seminars, conference/workshops attended	Minimum 10 CPE'S	Minimum 5 CPE'S
FORMAL	Education time towards a degree or certificate related to pharmacy	Maximum 10 CPE'S	Maximum 5 CPE'S
INTERNET	Online Continuing Pharmacy Education programs	Maximum 20 CPE'S	Maximum 10 CPE'S
WORK	Enhancing professional knowledge through work related activities [must have letter signed by supervisor as proof]	Maximum 10 CPE'S	Maximum 5 CPE'S

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TITLE OF PROGRAMME	SPONSOR/PROVIDER	TYPE OF CPE	DATE DD/MM/YY	HOURS
CPE GRAND 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 may result in the suspension of one's license to practice.

Signature

Date _____

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