**SHENANDOAH UNIVERSITY BJD SCHOOL OF PHARMACY**

**CONTINUING PHARMACY EDUCATION (CPE)**

**ACTIVITY PLANNING FORM**

**This form addresses requirements that must be satisfied during the planning and development of each continuing pharmacy education activity. Please type information directly after each heading and email completed form to the Continuing Education Administrator (Amber Darr, PharmD)** [**adarr@su.edu**](mailto:adarr@su.edu)**. Please note that this information must be submitted at least 60 days prior to the intended date of a live presentation or release of an online home study activity. Please use attached instructions and address each item in as much detail as possible.**

**PLANNING GROUP/INSTITUTION:**

**PLANNING CONTACT PERSON:**

Daytime telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CPE LOCATION (if known):**

**CPE DATE & TIME (if known):**

**CPE TITLE:**

**CPE MODERATOR/CONTACT:**

**DESCRIPTION OF NEEDS ASSESSMENT/GAP ANALYSIS:** (Provide a narrative of how the practice gap was identified. See Needs Assessment/Gap Analysis Guidance Document and Gap Analysis Form)

**DESCRIPTION OF TARGET AUDIENCE:**

**OVERALL GOALS FOR ACTIVITY:**

**PROFESSIONAL COMPETENCIES TO BE ADDRESSED: (**See required competencies in instructions)

**IDENTIFICATION OF ACTIVITY TYPE: Knowledge \_\_\_\_ Application \_\_\_\_**

**ACTIVITY LENGTH (hours):**

**FACULTY PRESENTER(S):**

Please duplicate information below if more than one presenter. Each presenter must submit a current curriculum vitae/resume.

Name & credentials:

Email and phone number:

Affiliation:

Title:

Qualifications to address this topic:

**LEARNING OBJECTIVES:**

**TEACHING METHODS/LEARNER PARTICIPATION:**

**EDUCATIONAL MATERIALS/ADDITIONAL RESOURCES:**

**LEARNING ASSESSMENT AND FEEDBACK METHODS:**

**METHOD OF PROMOTION:** A promotional template will be provided

**EVALUATION:** An evaluation form will be provided and completed by participants via Learning Express CE (http://supharmacy.learningexpressce.com/).

**All types of activities must submit a projected budget, including external funding sources.**

**BUDGET ESTIMATES:**

Please estimate the cost of this activity by completing the chart below and include any internal and/or external funding that is received. If using internal budgets, indicate name of budget and amount. If a category is not applicable, indicate by NA.

|  |  |
| --- | --- |
| **Income** | **Projected** |
| Grants: |  |
| Registrations: |  |
| **TOTAL INCOME:** |  |
| **Expenses** |  |
| Direct Expenses |  |
| Speakers |  |
| Honorarium |  |
| Travel expenses |  |
| Printing |  |
| Announcements |  |
| Handouts |  |
| Mailing |  |
| Announcements |  |
| Statements of credit |  |
| Facility expenses |  |
| Room |  |
| Food |  |
| AV |  |
| **DIRECT:** |  |
| Indirect Expenses |  |
| Professional Staff |  |
| N hours x $nn.00/hour |  |
| Support Staff |  |
| N hours x $nn.00/hour |  |
| General Overhead |  |
| Office space, phone, misc. supplies, |  |
| **INDIRECT:** |  |
| **TOTAL EXPENSES:** |  |
| **PROFIT / (LOSS)** |  |

**EXTERNAL FUNDING:**

Please describe the following in detail:

Organization providing funding:

Amount:

How the funding will be used:

Affiliations/financial interest with your institution and/or speaker(s):