



Continuing Education Provider Application

Please Note: Due to the Pharmaceutical Research and Manufacturers of America (PhRMA) and the Office of Inspector General (OIG) restrictions to continuing education programs sponsored by manufactures, CAPE will not accept applications from pharmaceutical and biomedical device manufacturers seeking accreditation as providers of continuing education.

SECTION 1 - APPLICANT INFORMATION

Company Name _____

Mailing Address _____

Phone Number _____ FAX _____

Email Address _____

Name & address of the Continuing Education Administrator:

Name, phone number & email address of alternative contact person, *if applicable*:

Please check most appropriate category for your organization:

- Individual Partnership Health Facility Government Agency
 Corporation University/College/School Local Pharmacy Association
 Drug Wholesaler Other (please specify) _____

Is the organization a subsidiary or division of a parent corporation? Yes No

If yes, provide name of the corporation: _____

SECTION 2 - APPLICANTS WHO HAVE ALREADY PRESENTED COURSEWORK

IMPORTANT: Please complete this section if you have presented continuing education coursework to pharmacists, nurses, or physicians in the past. If not, please skip this section and complete Section 3.

Accrediting Organization _____ Provider Number _____

Years accredited _____ (for example: March 1989 – March 2000)

Is your organization still accredited? Yes No

If no, please explain why: _____

What types of programs did your organization offer? Live Home Study On-line

Target Audience _____

Is the Continuing Education Administrator for this program the same person you designated in Section 1? Yes No

SECTION 3 - ENCLOSURES

The following items must be enclosed with this application to be considered complete:

- Application Fee: **\$850.00**
*Please make check payable to "California Pharmacists Association".
Taxpayer ID # 95-0597003.*

- One copy of your Provider Policy & Procedure Manual submitted via mail or email. Faxed copies will not be accepted.

Signature

Date

Please send completed applications to:
California Accreditation for Pharmacy Education
ATTN: Center for Learning
4030 Lennane Drive
Sacramento, California 95834