



## SOUTH DAKOTA BOARD OF PHARMACY

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### APPLICATION FOR SPONSORSHIP OF CONTINUING EDUCATION PROGRAM

*This form must be received by board at least 30 days before course (ARSD 20:51:19:10)*

Name of sponsor: \_\_\_\_\_

Address of sponsor: \_\_\_\_\_

Name of person responsible for program: \_\_\_\_\_  
(This is where the approval forms will be sent)

Full Address of person responsible for program: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_  
(Please include area code.)

### CE PROGRAM INFORMATION

a. Location: \_\_\_\_\_

b. Date: \_\_\_\_\_ Time: \_\_\_\_\_

c. Title: \_\_\_\_\_

d. Speaker and affiliation: \_\_\_\_\_

e. Will certificates of attendance be mailed? \_\_\_\_\_ Passed out? \_\_\_\_\_

f. Will file be retained for four years of participant's program completion? \_\_\_\_ Yes \_\_\_\_ No

g. Will sponsor provide to the South Dakota Board of Pharmacy a written list of the pharmacists attending within **30 days** after completion of the program? \_\_\_\_ Yes \_\_\_\_ No

h. Number of continuing education contact hours requested: \_\_\_\_\_

i. Number of pharmacists expected: \_\_\_\_\_ Number of technicians expected: \_\_\_\_\_

The South Dakota Board of Pharmacy defines continuing education as follows:

**20:51:19:01. Continuing professional education defined.** As used in this chapter, continuing professional education is accredited, post-registration professional education experience derived from participation in post graduate studies, institutes, seminars, lectures, conferences, workshops, and such other forms of educational experiences designed to maintain the professional competency of the practice of pharmacy, improve professional skills, and preserve pharmaceutical standards for the purpose of the protection of the health and welfare of the citizens of South Dakota.

Does this continuing education program meet those standards? \_\_\_\_ Yes \_\_\_\_ No

Is this sponsor or program approved by the American Council of Pharmaceutical Education (ACPE)? \_\_\_\_ Yes \_\_\_\_ No

What are the objectives of the continuing education program?

How do you plan to notify the pharmacists in your general area about this program?

**NOTE:** Supplementary materials should be submitted with this form so that the South Dakota Board of Pharmacy can adequately determine number of hours of continuing education credit to be approved.