



## NOTIFICATION OF COURSEWORK FORM

Providers must submit this form **at least 30 days in advance** of each new course offering. Failure to submit this form in a timely manner may jeopardize the provider's accreditation status.

Coursework submitted by providers with an "inactive accreditation" status will **not** be approved.

**NOTE:** In the event that multiple CE courses are offered together (i.e. multi-program and/or multi-day symposium), separate Notification of Coursework Forms are ideal. You may use a different format but the program information required below must be listed for each individual program.

Provider Name \_\_\_\_\_

Provider Number \_\_\_\_\_ Contact Person \_\_\_\_\_

Title of Course \_\_\_\_\_

Speaker's Name & Professional Designation \_\_\_\_\_

Number of hours awarded \_\_\_\_\_

Program format (check one):

Live Event      Date presented \_\_\_\_\_

Independent Study (on-line, Journal, etc.)      Date first made available \_\_\_\_\_

\_\_\_\_\_  
Brookie Best, CE Administrator Signature

\_\_\_\_\_  
Date

Please return this form to:

California Accreditation for Pharmacy Education  
c/o Pharmacy Foundation of California  
4030 Lennane Drive • Sacramento, CA 95834

FAX: (916) 779-1411

Email: [spresidio@pharmacyfoundation.org](mailto:spresidio@pharmacyfoundation.org)

**For office use only:**

Date Received \_\_\_\_\_

Date Entered \_\_\_\_\_