

**THE PHARMACY COUNCIL OF JAMAICA**

**APPLICATION FORM  
FOR THE AWARDING OF CONTINUING EDUCATION CREDITS**

Providers are required to pay an application fee which is determined by the Council.

**Name of Provider:** \_\_\_\_\_

**Presentation Topic(s)**  
\_\_\_\_\_  
\_\_\_\_\_

**Learning Objectives**

Objectives should be worded in the following format; at the end of the Seminar/Workshop, the participants should be able to:

- I. \_\_\_\_\_
- II. \_\_\_\_\_
- III. \_\_\_\_\_
- IV. \_\_\_\_\_

Brief summary of presentation (Approx. 50. words)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Method of Delivery (i.e. Lecture, case presentations, etc. using slides, power point etc.)

\_\_\_\_\_

Duration of Presentation (s) (state hours) \_\_\_\_\_

Proposed number of CE credits (one hour = 1 CE credit) \_\_\_\_\_

Biodata of Presenter(s) (A resume, CV, or short biodata should be submitted.)

Date of Submission (Application should be received at least one month prior to event)

**NB: Please complete and sign forms certifying attendance/participation in Continuing Education (CE) return to the Pharmacy Council. Pharmacists who are presenters of CE Seminars will be awarded twice the number of credits. Where possible, the Pharmacy Council will endeavor to have adjudicator(s) present at all live CE sessions.**