

Prince Edward Island Pharmacy Board
Continuing Professional Development for Pharmacists
Learning Project - Record Sheet
(Please make copies of this form)

FORM M

Name: _____

Reg.#: _____

Program Title: _____

Date: _____

Location: _____

Speaker / Author: _____

Program approved by (circle one): CCCEP, ACPE, CMA, College of Pharmacy, PEIPhB, non-accredited

Number of C.E. Units approved for this program: _____

Or Number of C.E. Units self-assigned: _____ and briefly explain why.

- 1. Learning Objective:** (what do you hope to achieve / learn in this learning activity?)
- may attach if supplied by presenter

- 2. List the top five “take home” messages from this CEU** (may be more or less than 5)

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- 3. Evaluation: What content of the CEU was relevant to your practice site?** (Give at least one example, and if it was not relevant state why it was not)