



**MISSISSIPPI**  
**BOARD OF PHARMACY**

6360 I-55 North  
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Jackson, MS 39211  
Phone: 601-899-8880 Fax: 601-899-8891  
Email: [compliance@mbp.ms.gov](mailto:compliance@mbp.ms.gov)

A request for Pharmacy Board approval of a program as continuing education shall be made on this form prescribed by the Board and shall contain the following items of information.

Name, address and email of person or persons requesting approval:

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1. Date of Program: \_\_\_\_\_  
Time of Program: \_\_\_\_\_  
Place of Program: \_\_\_\_\_

2. Title of Program: \_\_\_\_\_

3. Name of the individual responsible for administering the program (the person responsible for monitoring attendance, issuing C.E. vouchers, etc), (include name, email address and telephone number).

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4. A. Detailed description of the subject matter of the program: (or attachment)

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B. Program Objectives: (or attachment)

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5. A. Length of the actual program: \_\_\_\_\_ clock hours.  
B. Continuing education credit requested: \_\_\_\_\_ clock hours.

6. A. Name of person or persons presenting the program: \_\_\_\_\_  
B. Contact information of person or persons presenting the program: \_\_\_\_\_

C. Qualifying Credentials of the person or persons presenting the program(may attach to this request as a separate CV):

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The subject matter of the program, the objectives of the program and the qualifying credentials of the person or persons presenting the program must be sufficiently detailed in the request for Board approval to give the Board a sound basis for evaluating the merits of the program.

CE Requests shall be submitted for review at least 14 (fourteen) days prior to the CE program.

In approving programs for continuing education the policy of the Board shall be that no program will be approved:

- A. On an individual basis,
- B. After the program has been presented,
- C. If the program attendance is expected or required as part of a person's employment (an example would be an in-service or training seminar), or
- D. If the program is not made available to all pharmacists who wish to attend (an exception may be a program that is specifically directed to a particular group such as hospital pharmacists, retail pharmacists or consultant pharmacists).

For internal use by Board staff:

Date submitted: \_\_\_\_\_

Number of hours approved: \_\_\_\_\_ Approved by: \_\_\_\_\_