1. What is the purpose of the CPE Monitor™ service?
   a. Provide real-time auditing for all Boards of Pharmacy
   b. Inform pharmacists about availability of Ohio-approved law CE
   c. Provide reporting capabilities to the pharmacists for tracking completed continuing pharmacy education (CE)
   d. a and c  
   e. all of the above

2. Ohio’s CE requirement is
   a. 60 hours of any ACPE or Ohio-approved CE provider program every 3 years, 10 hours of which must be live
   b. 57 hours of any ACPE or Ohio-approved CE provider program plus 3 hours of Ohio State Board of Pharmacy-approved law CE every 3 years
   c. 57 hours of any ACPE or Ohio-approved CE provider program plus 3 hours of ACPE-approved law CE every 3 years
   d. 19 hours of any ACPE or Ohio-approved CE provider program and 1 hour of Ohio-approved law CE every year, but reported every 3 years
   e. 60 hours of any ACPE or Ohio-approved CE provider program, including 6 hours of CE on medication errors and 3 hours CE on law

3. In January 2012, which drug product(s) was/were added to the Drug Enforcement Administration’s (DEA) list of scheduled drugs?
   a. Tramadol products
   b. Fioricet® (butalbital and acetaminophen) products
   c. Pseudoephedrine products
   d. Carisoprodol products
   e. Both tramadol and carisoprodol products

4. Who certifies your pharmacy computer system to accept e-prescriptions for controlled substances?
   a. A firm accredited by the Drug Enforcement Administration
   b. The Drug Enforcement Administration
   c. The Ohio State Board of Pharmacy
   d. The Food and Drug Administration
   e. The Ohio Pharmacist Association

5. A benefit of e-prescriptions is
   a. Fewer drug product selection errors
   b. Fewer quantity/sig mismatches
   c. Legibility is not an issue
   d. An e-Rx does not need to be printed
   e. A controlled substance can be faxed
6. Who is required by the Ohio State Board of Pharmacy to meet the CE requirements?
   a. Pharmacy intern during their last year of experiential rotations
   b. A pharmacist who is actively licensed by the Ohio State Board of Pharmacy
   c. Only a pharmacist who actually lives in Ohio
   d. A qualified pharmacy technician
   e. b and d

7. Prescription data must be reported into the Ohio Automated Rx Reporting System (OARRS) database at least
   a. Real time
   b. Daily
   c. Weekly
   d. Monthly
   e. Only when a controlled substance is dispensed

8. You’ve Got Mail! The board’s new web site allows pharmacist to “Subscribe to Updates.” Advantages of this option include
   a. Ensuring that e-mail addresses are correct
   b. Minimizing “e-mail blasts” sent out to all pharmacists
   c. Distribution of Sunshine Notices and press releases
   d. All of the above

9. A pharmacist has a responsibility to determine the legitimacy of a prescription. Which scenario(s) may indicate a cause for concern?
   a. Patient is receiving an OARRS-reportable drug from multiple prescribers.
   b. Patient is from an area outside of your normal fill area.
   c. Patient comes in for early refills.
   d. The prescriber is a family medicine practitioner practicing 150 miles from the pharmacy.
   e. All of the above.

10. Under rules related to HB 93, a pharmacist must check the OARRS report on a patient if
    a. The prescription exceeds 12 weeks of continuous treatment of a controlled substance and tramadol
    b. “Red flags” arise during the prescription fill for a patient
    c. A family member asks to have a copy of an OARRS report
    d. a and b
    e. All of the above

11. As of June 18, 2012, which prescribers may write a prescription for a C-II controlled substance?
    a. MD, DO, DDS, APN
    b. DPM, DDS, APN, PA
    c. MD, DPM, DMD, PA
    d. DVM, DC, DO, APN
    e. MD, DC, APN, OD
12. Which states currently provide PMP data to an OARRS client through NABP’s PMP InterConnect<sup>SM</sup> program?
   a. Kentucky and West Virginia
   b. Michigan and Pennsylvania
   c. Indiana and Michigan
   d. Indiana and Kentucky
   e. Kentucky and Michigan

13. Compounding is a legal and common practice that brings value to patients. A primary difference between compounding and manufacturing is that compounding is __________ and manufacturing is __________.
   a. Performed by interns; performed by pharmacists only
   b. Subject to USP 797 guidelines; subject to Federal Trade Commission regulations
   c. Patient specific; not patient specific
   d. Regulated by the FDA; regulated by the Board of Pharmacy
   e. Packaged in unit of use containers; packaged in multi-dose containers

14. What type(s) of license(s) are required to compound medications in Ohio?
   a. A tax ID license
   b. A terminal distributor license for the location
   c. The prescriber’s NPI number
   d. A RPH license
   e. B and D

15. A veterinarian regularly asks you to make up a bulk amount of low concentration tramadol syrup for him to dispense to his patients. Your legal option is to
   a. Obtain a FDA manufacturing license before accommodating the requests
   b. Compound the product as requested and sell it to the veterinarian in a bulk container
   c. Prepare the product and dispense it in single dose oral syringes
   d. Compound the product as requested and sell it to the veterinarian labeled with the name of the veterinarian’s technician as the patient

16. Pharmacists need a National Association of Boards of Pharmacy (NABP) e-profile ID number for their CE in order to renew their pharmacist license on-line.
   a. True
   b. False

ALL QUESTIONS ABOUT PROCESSING THIS CONTINUING EDUCATION COURSE SHOULD BE ADDRESSED TO:

JUSTICE DATA MANAGEMENT; P. O. BOX 102; LOVELAND, OHIO 45140
513-505-7474
nancyjustice@yahoo.com
February 2013 Jurisprudence Quiz Answer Sheet

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<td>♦ Readability and presentation 1 2 3 4 5</td>
<td>5. O O O O O 13. O O O O O</td>
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NAME: [PLEASE PRINT LEGIBLY OR TYPE] OHIO PHARMACIST I.D. NUMBER: 03 – –
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No credit can be granted for Answer Sheets postmarked after March 31, 2013.