



HME Continuing Education Provider Application

Introduction

Continuing education can be provided as an in-service education developed and taught by the licensed HME services provider, HME manufacturer, or any organization recognized by the Board that offers continuing education relevant to HME services. A licensed HME services provider or HME manufacturer does not have to be approved by the Board.

Instructions

- The reference period for all items relating to programs offered in the past 12 months.
- Please complete all responses and maintain a copy of the questionnaire submitted in your files.
- The amount of space for responses on the questionnaire is not intended to dictate the length of the responses. Please use additional pages for responses requiring additional space. Please identify the question to which such responses refer.
- Please return the attached questionnaire, sample course materials, and any other supplemental materials to the Board office via email to CEProvider@pharmacy.ohio.gov. Direct any questions you have to the Board's Continuing Pharmacy Education Coordinator by calling 614/466-4143 or email at CEProvider@pharmacy.ohio.gov.

For more information on the requirements of continuing education for a licensed HME services provider, please review [OAC 4729:11-3-04](#).



Questionnaire

Applicant Information

Name of organization, individual, institution, association, corporation, or agency that is applying for approval as a provider of HME continuing education.		
Street Address	City	Zip
Name of person responsible for reviewing CE materials and course content	Title	Email address

Educational Content Development

Describe the goals of your continuing education course(s).
Describe the manner in which topics for continuing education courses are determined. Indicate how continuing education participants are involved in planning future programs.
Describe the review process that a new continuing education course might undergo before it is offered to a new audience.
How will the continuing education course(s) be offered? <input type="checkbox"/> Live Lecture <input type="checkbox"/> Workshop/Discussion Group <input type="checkbox"/> Film/Videotape <input type="checkbox"/> Journal Article with evaluation techniques <input type="checkbox"/> Home study book or booklet <input type="checkbox"/> Webinar <input type="checkbox"/> Other

Evaluation Content

<p>What opportunities will be given for the participants to assess the participant's achievement of personal objectives? Please attach a sample of a typical evaluation instrument.</p>
<p>How will you evaluate the effectiveness of the continuing education experiences and the level of fulfillment of the stated objectives?</p>

Applicant Signature

<p>I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTER 2921. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM AND IN THE ONLINE APPLICATION SUBMITTED TO THE STATE BOARD OF PHARMACY ARE TRUE, CORRECT, AND COMPLETE.</p>	
<p>Signature of Program Director</p>	<p>Date Signed</p>
<p>Print Program Director Name</p>	

LIST OF PROGRAMS OFFERED IN THE LAST 12 MONTHS

PROVIDER NAME: _____

Title of Program	Date Offered	Number of Participants	Contact Time	Amount of C.E. Credit	Name(s) of author, speaker, or others presenting program	Method of Delivery*

*Lecture, webinar, workshop, home-study, journal article, etc. (PLEASE DUPLICATE THIS FORM AS NEEDED)