



LEBANESE ORDER OF PHARMACISTS

Continuing Education Committee

Date (OPL use):

Ref. (OPL use):

CE Activity Accreditation – Application Form

This form must be filled by the CE provider and should be submitted to the CE Committee at the Lebanese Order of Pharmacists with the required documents (see attached list) at least **ONE MONTH prior to the date of the activity.**

Title of the activity

Date Venue

Sponsor

Organized by Contact Person

Contact Phone Contact Fax

Contact E-mail

Target Audience: All Pharmacists Specific Section:

Total Number of Speakers Lebanese Non Lebanese

Number of Presentations to be accredited Number of Hours to be accredited

Expected Number of Participants

Method for Granting CE Points:

Signature Certificate of Attendance Other:

Is this activity accredited by another organization?

I, the undersigned declare on my responsibility that this is a teaching activity free from any commercial ties and will not include any brand names.

Position

Signature

Date

.....



CE Activity Accreditation – Application Form

Documents to attach to the application form:

- Final program of the activity
- The full presentation to be accredited with the following disclaimer on the first slide:
“I declare to meeting attendees that there are no financial relationships with any for-profit companies that are directly or indirectly related to the subject of my presentation”.
- Recent mini CV of the speaker(s) (with current position and title)
- Evaluation forms if available (optional)
- A copy of the invitation to be sent to the pharmacists
- List of attendees with their OPL ID **(upon completion of each activity)**

The documents should be sent by e-mail to: dic@opl.org.lb