



ORDER OF PHARMACISTS OF LEBANON

Continuing Education Committee

CE Accreditation Form

This form should be filled by the CE seeker and submitted to the CE Committee at the Order of Pharmacists of Lebanon with the required documents (see page2) at least **ONE MONTH before the date of the activity.**

ACTIVITY

Title

Date & Venue **Sponsor**.....

Target Audience: All Pharmacists Specific Section:

Total Number of Speakers Lebanese Non Lebanese

Number of hours to be accredited **Expected number of attendees**

Attendance control method:

Signature Certificate of Attendance Other:.....

Is this activity accredited by another organization?

ORGANIZER

Organized by **Contact Person**

Contact Phone **Contact mail**

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.

Name & Position

Signature

Date



REQUIRED DOCUMENTS

Documents to attach to the application form:

- The final program of the activity
- The full presentation.
Note: For speakers not suggested by pharmaceutical companies, the first slide should include the following disclaimer:
"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".
- A 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
- The list of attendees with their OPL ID **(upon completion of each activity)**

All documents should be sent by e-mail to: cesupport@opl.org.lb