



# 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](mailto:cesupport@opl.org.lb)**