

# ACPE ACTIVITY INITIAL INFORMATION FORM (IIF)

*MUST BE RECEIVED BY LSHP 40 DAYS IN ADVANCE OF THE ACTIVITY*

*All fields must be filled out to be considered complete and to be submitted for credit*

SUBMITTING ORGANIZATION: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT TELEPHONE: \_\_\_\_\_ CONTACT EMAIL: \_\_\_\_\_

ANTICIPATED SIZE OF AUDIENCE: \_\_\_\_\_ MAXIMUM ALLOWABLE SIZE BY VENUE: \_\_\_\_\_

ACTIVITY DESIGNED FOR (only one may be selected unless separate learning objectives are submitted for each.)

- Pharmacists
- Pharmacy Technicians

SPEAKER NAME: \_\_\_\_\_

SPEAKER TELEPHONE: \_\_\_\_\_ SPEAKER EMAIL: \_\_\_\_\_

ACTIVITY TITLE: \_\_\_\_\_

HOURS: \_\_\_\_\_ ACTIVITY DATE: \_\_\_\_\_ ACTIVITY TIME: \_\_\_\_\_

ACTIVITY LOCATION (venue and city): \_\_\_\_\_

ACTIVITY TYPE: (Please check one)

- Drug Therapy Related Topic (01)
- AIDS Therapy Related Topic (02)
- Law Topic (03)
- General Pharmacy Topic (04)
- Patient Safety Topic (05)

**ACTIVITY LEARNING OBJECTIVES: Must be specific & measurable (i.e. avoid “to learn” or “to understand”). Please list. Objectives must be specific to audience type. If activity is intended for pharmacists and technicians, two sets of objectives must be submitted.**

---



---



---



---



---

**THIS ACTIVITY IS (please select one):**

- KNOWLEDGE-BASED** – designed primarily to acquire factual knowledge. Requires assessment questions to gauge learning. Minimum credit is 15 minutes.
- APPLICATION-BASED** – designed primarily to apply the information learned Minimum credit is 60 minutes, Requires case studies to assess learning.
- PRACTICE-BASED** – designed primarily to systematically acquire specific knowledge, skills, attitudes and performance behaviors that expand or enhance practice competencies. Minimum credit is 15 contact hours. Requires formative and summative.

**BUDGET FOR THIS ACTIVITY, including speaker fee and venue:** \_\_\_\_\_

**SPEAKER HONORARIUM:** \_\_\_\_\_ **SPEAKER EXPENSES:** \_\_\_\_\_

**SPONSOR, if applicable:** \_\_\_\_\_ **SPONSORSHIP AMOUNT** \_\_\_\_\_

**WILL THIS CPE ACTIVITY INCLUDE DISCUSSION OF OFF-LABEL USE?**

- Yes
- No
- Don't know

**FINANCIAL SUPPORT WAS OBTAINED FOR THIS CPE ACTIVITY?**

- Yes
- No
- Pending Approval

**IF FINANCIAL SUPPORT IF OBTAINED, PLEASE CHECK BELOW ALL THAT APPLY:**

- Financial support was provided by a commercial interest ( e.g. pharmaceutical and/or device manufacturer)
- Financial support was provided by a non-commercial interest (i.e. foundation, government, etc.)
- Financial support was provided by only 1 grant supporter.
- Financial support was provided by more than 1 grant supporter.
- Fully supported (100%) by grant(s)
- Partially supporter (<99%) by grant(s)
- Activity would be conducted despite receipt of grant support
- Activity would not be conducted if grant support were not received

**Fill out complete and send to LSHP by fax, email, or mail.**  
 Fax: (225) 408-4422      Email: [office@lshp.org](mailto:office@lshp.org)  
 Mail: 8550 United Plaza Blvd, Suite 1001 Baton Rouge, LA 70809  
 Question? Call LSHP at (225) 922-4520