

**LOUISIANA SOCIETY OF HEALTH-SYSTEM PHARMACISTS
Peer Review Form**

This form should be completed and sent to the LSHP office. Please note actions to be taken by the speaker on page 2 of this document and submit a copy to the LSHP office. Use additional sheets, if necessary.

Activity title: _____

Activity speaker: _____ **Activity date:** _____

Does the title of the activity reflect the content (i.e. the title is not misleading)?

Is the material presented up to date, accurate, and relevant to LSHP members?

Is the activity appropriate for the experience/education level of the audience?

Are each of the individually stated objectives met? If not, please indicate which objectives are not addressed and what information could be added in order meet that particular objective.

Are sufficient sources of evidence listed and appropriately referenced?

Does the activity lend itself to active learning techniques/are active learning methods included in the presentation?

Does the activity mention brand names? If so, does the activity reflect any bias with regards to the use of the brand name drugs?

Does the activity reflect any bias toward a particular company or drug? How can this be resolved?

Reviewed by: _____ **date:** _____

Date submitted to speaker for revision: _____

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Describe actions taken to correct/modify/revise activity in accordance with feedback from Peer Review.