



Checklist and Declaration for continuation of Accreditation or Endorsement of CE activities

This form must be used to apply for continuation of accreditation or endorsement of CE activities by the Pharmaceutical Society of New Zealand.

An accredited or endorsed provider must demonstrate that the CE activity is able to continue to satisfy all the PSNZ Accreditation of Continuing Education (CE) Standards.

It is necessary to read, and refer to, the following documents to complete this application.

- PSNZ Standards for Continuing Education (CE) Activities (2019)
- PSNZ guidance on writing Learning Objectives
- PSNZ guidance on using MCQs for Assessment of Continuing Education
- Competence Standards for the Pharmacy Profession, Pharmacy Council of NZ
- Code of Ethics 2018, Pharmacy Council of NZ

CE provider details:				
Name of Company/organisation:				
Contact name:				
Contact details:	Web address:			
	Postal address:			
	E-mail:			
	Phone:			
Date of application:				
CE Activity titl	e(s):			
Accreditation/Endorsement number: [from original application]				
Type of learning activity [for example; webinar, online module, face to face presentation]				
Length of activity:				
Link to activity (if online)				

Quality a	ssurance process
Describe any changes since	
accreditation or endorsement	
to your Quality Assurance	
process for learning activities.	
Include how:	
•	you allow participants (or other stakeholders) to provide feedback.
•	when and often content is reviewed.
•	you respond to external feedback.
•	you confirmed PSNZ was notified of any proposed changes.

Review of activity:			
How many participants have participated in activity?			
How have you evaluated the activity?			
How have you reviewed the activity since it was last accredited or endorsed? • The content of the activity must be benchmarked against current accepted practice. • All activities must be reviewed and sensitive to the rate of change in the area covered by the topic and content. • State how you have incorporated user feedback into outcomes of the review.			
List the people involved in the review, their role, and their qualifications.			
Describe any changes since accreditation or endorsement following evaluation or review of the learning activity.			

Accreditation requirements:			
Are learning activities mapped to the current Pharmacy Council of NZ Competence Standards for the Pharmacy Profession?			
Describe any conflict of interest. [Details of any real or perceived conflict of interest of individuals in involved in the activity review and evaluation.]			
Describe any commercial sponsorship or influence. [Details of any commercial sponsorship or influence that are continuing or have changed since last endorsement or accreditation.]			

Declaration

I acknowledge and declare, to the best of my knowledge and on behalf of the named company/organisation that:

- We have read and understood the <u>PSNZ Accreditation Standards for Continuing Education (CE)</u>
 Activities
- The information provided in this document is complete, correct, and current at the date of application.
- We will ensure that activities are delivered according to the information submitted in the application and in line with the <u>PSNZ Accreditation Standards for Continuing Education (CE)</u> Activities.
- We understand the responsibilities accreditation or endorsement places on us as the activity provider.
- I will advise PSNZ of any changes to the details in this application.
- We will provide PSNZ with a summary of the evaluations within an agreed timeframe following completion of the activity.
- I have completed this document with the full understanding of my responsibilities in relation to delivering CE accredited activities.

Signature:	Date:
Name:	Position:
Organisation:	

Terms and Conditions

CPD providers are reminded that if CPD activities are not delivered as described in this application it will be a breach of PSNZ Accreditation Standard 3.4.

The activity must be delivered in accordance with the application as approved.

The application fee covers assessment of the learning activity review and outcomes. It is due immediately when the application is submitted. It is non-refundable regardless of the outcome of the accreditation process.

Continuation of accreditation or endorsement of any activity is subject to fees being paid.

By signing this form, CPD providers agree to these terms.