

# Accreditation Application Form for Continuing Education Activities



**PHARMACEUTICAL SOCIETY**  
*of New Zealand Incorporated*

This form must be used by any provider to PSNZ to apply for the accreditation of learning activities.

An accredited CE activity must demonstrate that it satisfies all of the PSNZ Accreditation of Continuing Education (CE) Standards. This application process and forms have been designed to allow you to provide evidence that enables a consistent, quality assured review and assessment of each activity.



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

- [PSNZ Accreditation Application Guide](#)
- [PSNZ Standards for Continuing Education \(CE\) Activities \(2023\)](#)
- [PSNZ guidance on Writing Learning objectives](#)
- [PSNZ guidance on Assessment for Learning Activities](#)
- [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](#)

<b>Section 1: Activity provider</b>	
Company/organisation:	
Contact name:	
Postal address:	
Email address:	
Phone number:	



**Section 2: Activity sponsor (if applicable)**

*Please provide specific details of sponsorship and any (actual or perceived) conflict of interest or commercial bias.*

Element 2.4

Company/organisation:

Full or partial sponsorship:

**Section 3: Activity summary**

Activity title:

Date/s:

Location/s:

What is the total learning time for participants

*(exclude time for social or promotional activities and breaks)*

*Please note for conference applications you will need to ensure that the times of each session are included.*

**Standard One - Quality Criterion: CONTEXT**

Which Competence Domain(s) and/or Competency(s) does the content address?

Element 1.1

*Please note for conference applications you will need to ensure that relevant Competence Domains/Competencies/Behaviours are stated for each session*

Why is this activity being provided?

Element 1.2

Describe how it is ensured that the content of the activity is based on critical evaluation of relevant literature and/or practice-based professional evidence.

Element 1.3



**Standard Two - Quality Criterion: STRUCTURE**

Lecture <input type="checkbox"/>	Small group <input type="checkbox"/>	Distance learning <input type="checkbox"/>	Other, please specify: <input type="checkbox"/>
----------------------------------	--------------------------------------	--	---

Describe how the learning activity is consistent with generally accepted principles of adult learning.  
Element 2.1

How will the material be presented?  
Element 2.1

What learning resources are being provided as part of this activity  
Element 2.1

State the learning objectives  
Element 2.2

Please note: for conference applications you will need to ensure that the learning objectives for each session are included.

How will participants be able to access the learning objectives prior to enrolling in the activity?  
Element 2.2

List the authors/activity developers and/or presenters involved in the preparation and presentation of the activity materials.  
Element 2.3

Each person must complete an 'Author/Presenter Declaration Form' – this must be signed and dated by the author/presenter and submitted to PSNZ with this application. Electronic signatures will not be accepted.  
Please note: for conference applications you will need to ensure that details for each session including the names of the presenter/s and their credentials.

Conflicts of interest and commercial bias (actual or perceived) for anyone involved in activity preparation or presentation have been disclosed  
Element 2.4

Each person must complete an 'Author/Presenter Declaration Form' – this must be signed and dated by the author/presenter and submitted to PSNZ with this application. Electronic signatures will not be accepted.



Statement of limitations of material? Element 2.4	
Describe how this activity will be promoted to the intended audience? Element 2.2; 2.5; 2.6	

<b>Standard Three - Quality Criterion: PROCESS</b>	
Describe how you will disclose any conflict of interest or sponsorship to participants. Element 3.1	
Describe how you ensure that the stated learning objectives will be met by participants. Element 3.2	
For activities which contain an assessment, who will be carrying out the assessment? Element 3.3	
Describe your Quality Assurance process for this activity so that it continues to meet the Accreditation Standards during the period of accreditation including: <ul style="list-style-type: none"> <li>▪ How you are going to allow participants (or other stakeholders) to provide feedback</li> <li>▪ How often the content will be reviewed</li> <li>▪ How you will respond to external feedback</li> <li>▪ How you will notify PSNZ of any proposed changes</li> </ul> Element 3.4	



**Standard Four- Quality Criterion: OUTCOMES**

Is the learning activity assessed or non-assessed?	Assessed <input type="checkbox"/>	Non-Assessed <input type="checkbox"/>
In relation to the assessment component please describe: <ul style="list-style-type: none"><li>▪ how the material will be assessed</li><li>▪ the marking process</li><li>▪ how successful assessment will be measured</li><li>▪ how feedback will be provided</li><li>▪ any other relevant information</li></ul> Elements 3.2; 4.1; 4.2		
How many facilitators and/or presenters will be involved in providing this learning? Element 4.2		
Describe how the learning environment and learner support available will facilitate learning and application to practice. Element 4.2		
How will you confirm evidence of participation and completion of an activity? Element 4.2		

**Standard Five - Quality Criterion: IMPACT**

Describe how you will allow participants to evaluate practice changes: <ul style="list-style-type: none"><li>▪ What reflective exercises are provided as part of this activity?</li></ul> Element 5.1	
---	--

**Certification**

We require that pharmacists who wish to claim credits for CE activities receive certificates of completion for all activities undertaken. Do you have the capacity to maintain records of participation, and to issue certificates?



Yes

No

### Section 8 - Declaration

I declare to the best of my knowledge and on behalf of the company/organisation named in Section 1 above that:

- We have read and understood the PSNZ Accreditation of Continuing Education (CE) Standards.
- The information provided in this application is complete, correct and current at the date of application.
- We will ensure the activity is delivered according to the information submitted in the application and in line with the PSNZ Accreditation of Continuing Education (CE) Standards
- We understand the responsibilities accreditation places on us as the programme provider.
- We will advise PSNZ immediately of any changes to the details in this application
- We will provide PSNZ with a summary of the feedback within an agreed timeframe following completion of the activity
- We understand that the PSNZ may audit this activity after notifying us in writing.

I have completed this document with the full understanding of my responsibilities in relation to delivering a CE accredited activity.

Signature:	Date:
Name:	Position



# Author/Presenter Declaration Form



**PHARMACEUTICAL SOCIETY**  
of New Zealand Incorporated

This form must be completed by *any person* involved in the preparation, development and presentation of the activity materials.

Activity title:	
Activity Provider	
Locations and Dates:	
<b>Author/Presenter Details</b>	
Name	
Credentials and brief CV relevant to activity	
Element 2.3; 3.3	
<p><i>Anyone involved in activity development or presentation must be able to demonstrate they are suitably qualified/or experienced.</i></p> <p><i>Indicators of expertise may include (but not limited to) the submission of key relevant experience including academic qualifications, credentials and description of relevant current roles/responsibilities.</i></p>	
Statement of conflict of interest and commercial bias	
Element 2.4; 3.1	
<p><i>Please provide details of any conflict of interest and/or commercial bias.</i></p> <ul style="list-style-type: none"><li><i>How will the conflict of interest and/or commercial bias be addressed in the development and/or presentation of content?</i></li><li><i>How this will be disclosed to participants of the activity?</i></li></ul>	

## Declaration

I declare that, to the best of my knowledge:

- The information provided above is complete and correct.
- My contribution to content for this activity is evidence-based, accurate and up-to-date.
- My contribution to this activity has not been influenced or restricted by any sponsorship.
- I will immediately disclose if any matter or issue arises in the course of my contribution that gives risk to a competing interest.
- I have completed this document with the full understanding of my responsibilities in relation to delivering a CPD accredited activity



Signature:	Date:
------------	-------

<b>Checklist for supporting evidence</b>	
	<p><b>Copy of promotional materials</b> with appropriate branding</p>
	<p><b>Copy of presentation materials</b> Please include final copies of <i>all activity content and assessment</i> with your application. Please contact PSNZ (<a href="mailto:enhance@psnz.org.nz">enhance@psnz.org.nz</a>) for advice if this is not possible at the time of application.</p> <p>Include references to current and relevant literature/practice based professional evidence</p>
	<p><b>Copy of participant evaluation form that will be used.</b> <b>This must cover:</b></p> <ul style="list-style-type: none"> <li>▪ achievement of learning outcome objectives</li> <li>▪ relevance of activity and content to practice</li> <li>▪ overall satisfaction</li> <li>▪ suitability of delivery</li> </ul>
	<p><b>Signed author/presenter declaration(s)</b> for every person involved in the preparation and presentation of the activity materials.</p>

