



REVIEWER REPORTING FORM

Please complete and return this form within 10 days of receipt. Type or print only; do not use pencil. Refer to the CAPE *Standards of Practice* document for detailed information re: each section below.

AUDIT #: _____ REVIEWER NAME: _____

TITLE OF COURSE: _____

DATE PRESENTED: _____ NUMBER OF HOURS: _____

PROGRAM FORMAT: LIVE INDEPENDENT STUDY COMBINED

I. Please provide your overall impression of the course (based on the materials provided).

II. Appropriate Course Content (Standard 9, Section 1)

Did the course fall within the scope of pharmacy education as defined by the law?

Yes No (explain below)

Based on the materials provided, the course: (check all that apply)

- Enhanced the scientific knowledge or technical skills required for the practice of pharmacy.
- Related to direct and/or indirect patient care.
- Related to the management and operation of a pharmacy practice.

Did the Provider demonstrate (through the description of the course, statement of objectives and outline of content) that the course was relevant to the practice of pharmacy?

Yes No (explain below)

Comments:

III. Continuing Education Credit Hours (Standard 10, Section 1)

Based on the materials provided, were the determined hour(s) consistent with the actual contact time required for the course?

- Yes No (explain below)

Comments:

IV. Faculty (Standard 14)

Was the faculty's curriculum vitae/resume and/or biography provided for your review?

- Yes No (if checked, please skip the next question)

Based on the material provided, was the faculty for the course qualified to present the topic by education, training and/or experience?

- Yes No (explain below) Unable to assess (explain below)

Comments:

V. Educational Grants, Objective Coursework & Non-Commercialism (Standard 15)

Based on the materials provided, could you determine if the Provider received an educational grant to support the course?

- Sponsorship was disclosed on the promotional materials
- Sponsorship was disclosed on materials provided to the attendees (i.e. syllabus)
- Sponsorship was disclosed verbally to attendees (i.e. moderator script)
- Unable to determine based on information provided
- Other (explain below)

Providers are required to offer objective, unbiased topics and learning activities that give a balanced view of therapeutic options and promote improvements or quality in healthcare, not a specific commercial interest. Based on the materials provided, was the course presented in an in-depth, unbiased manner with fair, full disclosure and equitable balance?

- Yes No (explain below)

Based on the materials provided, do you feel that the course endorsed (either implicitly or explicitly) a specific commercial drug or other commercial product?

- Yes (explain below) No Somewhat (explain below)

Comments:

VI. Educational Objectives (Standard 16)

Did the objectives convey specific learning outcomes related to the course?

- Yes No (explain below)

Based on the materials provided, did the course meet the stated objectives?

- Yes No (explain below)

Comments:

VII. Syllabus & Supportive Materials (Standard 18, Sections 1 & 2)

The course syllabus contained: (check all that apply)

- Educational objectives
- Detailed outline (description of the content being presented for each topical area)
- Presentation data (Power Point slides, graphs/pictures, articles, case studies, etc.)
- A bibliography of reading materials or list of resources for further study
- Supportive materials (additional articles, handouts, workbooks, etc.)
- Other (explain below)

Were the syllabus materials detailed enough to be useful as a reference in the future?

- Yes No (explain below)

Were the syllabus materials easy to read and understand?

- Yes No (explain below)

Did the syllabus materials contain spelling, grammar or any other errors?

- None noted
- Few
- Numerous (give specific examples and page numbers below)

Comments:

VIII. Course Evaluation & Post-Test (Standard 19, Sections 1 & 2)

Were the evaluation questions sufficient enough to identify strengths and weaknesses related to the course?

- Yes No (explain below)

Did the post-test questions address themselves to the learning objectives?

- Yes No (explain below)

Was the post-test of sufficient depth to allow assessment of comprehension?

- Yes No (explain below)

Comments:

IX. Reviewer's Recommendation

- Approved.
- Approved, but a few items should be addressed (explain below) to ensure that the Provider provides quality CE courses in the future.
- Unable to make a recommendation due to missing or incomplete information (explain below).
- Not approved (explain below).

Comments:

I hereby attest that the information contained in this report is determined solely on the materials received for the review, non-biased and is accurate based on the knowledge I have in this area. I understand that the information in this report and the materials received are to remain confidential and cannot be utilized for any purpose outside of this review.

Signature of Reviewer

Date

Once complete, submit this report (along with the Reviewer Expense Form) via fax to (916) 779-1411 or via email to spresidio@pharmacyfoundation.org. Contact Shannon Presidio at (916) 779-1410, ext. 324 if you have any questions.

Office use only:

Date sent _____

Date rec'd _____