Pharmacy State Regulatory Requirements

Delaware

Maine

The intent of this section is to allow for the capture of whether an activity was specifically designed to meet a state specific pharmacy CE requirement. These should ONLY be checked if the activity was designed specifically to satisfy a state specific requirement, and a specific TAG must be selected to identify the topic being presented.

| Is this activity de | signed to meet a specifi | c state pharmacy regulat | ory requirement? * 0 |
|--|--|---------------------------------------|-------------------------------|
| • Yes No | Not Sure | | |
| | | | |
| | available for pain management/opioid related | | icensing CE requirement? * 0 |
| Pharmacy Credit | | | |
| | | | |
| Select the content area | (s) that your activity addresses | s. * | |
| Child Abuse Prevention or Reporting Collaborative Practice Contraception Cultural Competency Diversity, Equity, Inclusion (including bias) | | | |
| Human Trafficking Lesbian, g | ay, bisexual, transgender and queer or question | oning (LGBTQ) Mental Health Awareness | Nicotine Replacement |
| | rrsing Home Consulting Pharmacist Presc | | arassment Sterile Compounding |
| Suicide Prevention | That have consumed that he can be a consumer to the consumer t | Treeping Sendaria | Sterile compositions |
| Suicide Prevention | | | |
| | | | |
| Select the state(s) who | se regulatory requirements you | r activity is designed to meet. | * |
| Alaska | Illinois | Nebraska | Rhode |
| | | | Island |
| Alabama | Indiana | Nevada | South |
| Arkansas | lowa | New | Carolina |
| Airailaaa | IOWa | Hampshire | South |
| California | Kansas | New | Dakota |
| | | Jersey | Tennessee |
| Colorado | Kentucky | New | -0.00 |
| Connecticut | Louisiana | Mexico | Texas |
| Connecticut | Louisidild | New | Utah |

York

An example would be if an activity was specifically designed to fulfil the state of Texas Pharmacy CE requirement for Non-Sterile Compounding. Using the Content Tagging form above, Non-Sterile Compounding and Texas would be chosen and then save your changes.



If you have any questions, please contact JACPEMonitor@acpe-accredit.org