OKLAHOMA SOCIETY OF HEALTH-SYSTEM PHARMACISTS
CONTINUING EXCELLENCE AWARD
APPLICATION FORM

Name _____ Oklahoma Registration # _____

Address_____ Preceptor # _____

_____

Institutional Affiliation _____

CATEGORY I: Continuing education credits approved by the Oklahoma State Board of Pharmacy or ACPE.

Total credits required: 30

PROGRAM TITLE	**DATE**	**CREDITS**

TOTAL_____

CATEGORY II: Pharmacist-to-Pharmacist Interactions.

Total credits required: 10

TITLE/DESCRIPTION **DATE** **(Max 1 Hour Each)**

TOTAL_____

CATEGORY III: Participation in programs or activities with health professional, patients. and/or the public.

Total credits required: 10

TITLE/DESCRIPTION **DATE** **(Max 1 Hour Each)**

TOTAL _____

Please submit applications **by March 10, 2008** to: E. Ben Welch, R.Ph., Pharm.D..; Chair, OSHP Scholarship and Awards Committee, 9807 Hillcrest Drive, Edmond, OK 73025
. (FAX 405-601-1201, e-mail: ben@oshp.net,)