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 15, 2010** to: Michele Y. Splinter, Pharm.D.; Chair, OSHP Scholarship and Awards Committee, University of Oklahoma HSC, College of Pharmacy, Department of Pharmacy: Clinical & Administrative Sciences, P.O. Box 26901, Oklahoma City, OK 73126-0901. (FAX 405-271-6430, e-mail: michele-splinter@ouhsc.edu,)