

**Pharmacists Continuing Education Evaluation Form**  
**Fill out for ACPE Approved Statements of Credit**

**New Mexico Pharmacists Association**  
2716 San Pedro NE, Suite C, Albuquerque, New Mexico 87110  
(505) 265-8729 / (800) 464-8729 / Fax: (505) 255-8476

***“A Comprehensive Review of Contraceptive Methods Using Cased Based Learning”***

ACPE# 0104-0000-20-042-H01-P/T 1.0 Contact Hours or 0.1 CEUs

Initial Release Date: 10/2/20

Expiration Date: 4/2/21

**<https://www.nmpharmacy.org/event-4027797>**

**Anna White, CNM**

Clinician trainer, UNM LARC Mentoring Program, UNM Adolescent Medicine Division,  
Department of Pediatrics, Albuquerque, NM

**Jennifer Robinson, M.S., WHNP-BC, CNM, RN**

UNM Adolescent Medicine Division, Dept. of Pediatrics, Albuquerque, NM

**Did presenter appropriately cover the Knowledge-based program objectives below: Please rate using the following scale:**

**1-Poor 2-Fair 3-Good 4-Excellent**

*By the end of this presentation, pharmacists should be able to:*

Identify combined contraceptive methods/progestin injections prescribed by Pharmacists

1 2 3 4

Knowledge of the latest evidence on emergency contraception

1 2 3 4

Knowledge of ACIP Recommendations

1 2 3 4

Review counseling around LARC methods

1 2 3 4

**Please rate the presenters and program using the following scale: 1-Poor 2-Fair 3-Good 4-Excellent**

The program and speakers were free from commercialism and bias. *(If not a 4, note in comments on pg.*

2) 1 2 3 4

The program materials met the advertised objectives.

1 2 3 4

The information provided will be useful in my practice.

1 2 3 4

The content was interesting & added to my knowledge.

1 2 3 4

The educational materials were useful.

1 2 3 4

The educational materials were easily accessible.

1 2 3 4

I would like further program offerings on this topic.

1 2 3 4

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**Additional Comments:**

Name: (Print Clearly)

Profession: (R.Ph., CPhT, etc.)

NABP e-Profile ID:

DOB (MMDD)

Employer :

[www.MyCPEmonitor.net](http://www.MyCPEmonitor.net) to obtain ID #)

Address:

*(to include in the NMPHA database)*

City:

State:

Zip:

Signature:

Date:

*(I certify that I attended the above program in its entirety for the continuing education contact hour(s) indicated.)*

Phone:

Fax:

E-Mail:

In your practice setting, please list #3 changes that you intend to make as a result of this CPE activity...

1)

2)

3)

*Participants are required to turn in a completed program evaluation form to receive the designated CEUs. Your CPE credits will be submitted into the CPE Monitor Database within 60 days based on the information provided on this form.*