

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

“Introduction to Homeopathic Medicines for Pharmacists and Pharmacy Technicians”

ACPE# 0104-0000-20-033-H01-P/T 1.0 Contact Hours or 0.1 CEUs

Initial Release Date: 10/2/20

Expiration Date: 4/2/21

RECORDED HOME-STUDY PROGRAM <https://www.nmpharmacy.org/event-4027720>

Christophe Merville

Dir. of Education & Pharmacy Development., Boiron USA, Newtown Square, PA

Richard Mudd

National Pharmacy Educator, Boiron USA, Los Angeles, CA

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:

Knowledge of homeopathic medicines

1 2 3 4

Identify limitations and advantages of homeopathic medicines

1 2 3 4

Knowledge of indication of Belladonna

1 2 3 4

Knowledge of indication of Gelsemium

1 2 3 4

Knowledge of indication of Apis mellifica

1 2 3 4

Knowledge of indication of Nux vomica

1 2 3 4

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

The program and speaker 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 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.