**[Title of Presentation]**

**[Location]**

**[Date and Time]**

**Speaker/Title:** [Please provide speaker name and any academic titles]

**Position:** [Please provide speaker job title and employer]

**Program Goal: [**Please provide the goal of your educational program]

**Program learning objectives:**

* [Provide objective 1]
* [Provide objective 2, etc.]

**Type of activity:** Knowledge

**Schedule of educational activity:** [Please provide the schedule of events (ie. introduction, presentation, Q&A)]

**Target audience:** [Please provide the audience your educational program is targeted (ie. Pharmacist or Technician)]

**Continuing Education Accreditation**

****The University of Florida is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

The University of Florida College of Pharmacy will report continuing education credit to CPE Monitor within 60 days following the activity. For pharmacists registered in Florida, credit will also be reported to CE Broker.

**ACPE Universal Activity Number (UAN):** [Please provide the UAN]

**Amount of CE Credit in hours or CEUs:** [Please provide the amount of CE credit]

**Requirements for successful completion:** [Please provide completion criteria]

**Program Support:** [Please specify any financial support of your activity]

**Fee(s) for participation:** [Please provide fee information]

**Release Date:** [Home-study activities]

**Expiration Date:** [Home-study activities only]