



AMERICAN SOCIETY OF **CONSULTANT PHARMACISTS**

December 21, 2009

Via Electronic Transmission

The Honorable Charles E. Grassley
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510-6200

Dear Sen. Grassley:

On behalf of the American Society of Consultant Pharmacists (ASCP), I am responding to your letter of December 7, 2009, requesting information on "industry funding that pharmaceutical, medical device companies, foundations established by these companies or the insurance industry have provided to ASCP" for the period of January 2006 to the present. The material requested is provided in attachments to this letter.

ASCP is a professional association of pharmacists who specialize in the care of the elderly, and as such, we are particularly sensitive to the need provide accurate and unbiased information to our members. We have a forty year history of rigorously following the highest level of standards to ensure that all educational content is under our complete control, whether the particular educational program receives outside support or not. Our credibility as a professional organization could not be preserved if we did otherwise.

In particular, we carefully follow the detailed standards required by the Accreditation Council for Pharmacy Education (ACPE), an autonomous and independent agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education. ACPE was established in 1932 for the accreditation of pre-service education, and in 1975 its scope of activity was broadened to include accreditation of providers of continuing pharmacy education (see <http://www.acpe-accredit.org> for complete information).

ACPE's Accreditation Standards for Continuing Pharmacy Education (attached to this letter or at http://www.acpe-accredit.org/pdf/CPE_Standards_Final.pdf) provides extensive guidance on the issue in Standard 5: Standards for Commercial Support and Appendix II, including:

1321 Duke Street
Alexandria, VA 22314-3563
703/739-1300
703/739-1321fax
info@ascp.com
<http://www.ascp.com/>

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The provider must plan all CPE [Continuing Pharmacy Education] activities independent of commercial interest. The educational content must be presented with full disclosure and equitable balance. Appropriate topics and learning activities must be distinguished from topics and learning activities which are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug, device or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice it addresses).

ASCP is a major provider of continuing education in geriatric pharmacy and is subject to periodic review by ACPE of our policies, procedures, and practices. We are proud that ACPE's most recent rigorous review in 2008, which included a random review of specific CPE programs, gave us the highest rating available and allowed us to continue to provide professional education under these standards for an additional six years.

In keeping with the ACPE standards, we do provide opportunities for our members to learn more about specific products, but in all circumstances, these activities are clearly and carefully labeled as promotional in nature and must meet the strict regulatory requirements established by the Food and Drug Administration as to the content and disclosures that must be used.

Additionally, to maintain our credibility as a provider of education and information, ASCP also has taken a number of steps to increase the transparency of our relationship to industry sponsors, including:

- Acknowledging support of programs if they are supported by industry. If any programs or activities are funded using industry support, they are publically identified as the supporter of the program in both printed materials and to the audience if it is an in person event.
- Providing detailed financial information on industry support to our Board.
- Developing a policy and process to list industry support on our website. We anticipate that this policy and process will be implemented sometime next year.

As requested, we have used the charts attached to this letter to provide the detailed information you requested for the years 2006-2009, as well as providing our policies on the issues requested.

Please feel free to contact me directly at jfeather@ascp.com or 703-739-1316 ext. 300 if I clarify any of this information. Thank you for your continuing commitment to the health of Medicare and Medicaid beneficiaries.

Sincerely,

A handwritten signature in black ink, appearing to read "John Feather". The signature is fluid and cursive, with the first name "John" and last name "Feather" clearly distinguishable.

John Feather, PhD, CAE
Executive Director and CEO



AMERICAN SOCIETY OF **CONSULTANT PHARMACISTS**

American Society of Consultant Pharmacists

Responses to the United States Senate Committee on Finance

I. Accounting of Industry Funding by Year (Tab 1)

II. ASCP Policies for Accepting Industry Funding (Tab 2)

Q1. Please describe the policies for accepting industry funding and whether or not ASCP allows companies to place restrictions or provide guidance on how funding will be spent.

A1. As a major provider of continuing education in geriatric pharmacy, ASCP is accredited by the Accreditation Council for Pharmacy Education (ACPE), an autonomous and independent agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education. ACPE was established in 1932 for the accreditation of pre-service education, and in 1975 its scope of activity was broadened to include accreditation of providers of continuing pharmacy education (see <http://www.acpe-accredit.org> for complete information).

ASCP carefully follows ACPE's detailed standards and in keeping with those standards, we maintain full control over educational content and do not allow companies to place restrictions or provide guidance on how funding will be spent.

ACPE renewed ASCP's status as an accredited provider of continuing pharmacy education (CPE) in January 2008 after a complete review of our policies, procedures and practices. The current accreditation term extends for six years until January 31, 2014. ACPE's report regarding ASCP is attached for your review, as well as other documents noted below. In response to recommendations made by ACPE at the time of its review, ASCP is in the process of updating its Policies and Procedures for CPE. ASCP's current "Policies and Procedures" as well as a draft containing the proposed changes to the existing "Policies and Procedures," have been produced. The draft changes are currently under review by ASCP's Board of Directors and will be considered at the next Board of Director's meeting, scheduled for May 24-25, 2010.

1321 Duke Street
Alexandria, VA 22314-3563
703/739-1300
703/739-1321fax
info@ascp.com
<http://www.ascp.com/>

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Documents Produced

- 1) ASCP Policies and Procedures for Continuing Pharmaceutical Education
- 2) ASCP Policies and Procedures for Continuing Pharmaceutical Education – Draft for Review and Comment, 12-10-09
- 3) ACPE Letter to Patricia D'Antonio, Director of Educational Affairs, ASCP and ACPE Accreditation Action and Recommendations After Review of a Petition for Continued Accreditation, January 2008
- 4) ASCP's ACPE Certificate of Accreditation, January 31, 2008
- 5) Accreditation Council for Pharmacy Education, Accreditation Standards for Continuing Pharmacy Education, effective January 1, 2009
- 6) ACPE, Standard 5: Standards for Commercial Support (SCS)
- 7) ACPE Accreditation Standards for Continuing Pharmacy Education (CPE) Guidelines for Standards for Commercial Support – CPE Standard 5, August 2008

Q.2. If ASCP allows companies to place restrictions on industry funding, then please explain all restrictions and/or guidance for each transfer of value from industry. For every transfer of value with a restriction, please provide the following information: year of transfer, name of company, and restriction placed on funding.

A.2. NA – See Answer 1 above.

Q.3. Please explain what policies, if any that ASCP plans to adopt to ensure transparency of funding in order to provide a greater public trust in the independence of your organization.

A.3. ASCP enjoys a reputation as a trusted source of information regarding the appropriate, safe and effective use of medicines in the elderly. Our reputation is based upon a 40-year track record of promoting high standards of professionalism and excellence in clinical practice. In addition to the policies noted above, ASCP has taken a number of steps to increase the transparency of our relationship to industry sponsors, including:

- If any programs or activities are funded using industry support, they are publically identified as the supporter of the program in both printed materials and to the audience if it is an in person event.
- Detailed financial information on industry support is provided to the Executive Committee of the Board on a monthly basis and to the full Board at every meeting. A complete report of industry support is compiled on an annual basis.

- All industry-supported activities that are promotional in nature are clearly labeled as such and all promotional materials must comply strictly with the Food and Drug Administration in terms of the information provided either in print or in person at exhibits.
- We are in the process of developing and implementing a policy to list industry support on our website.

Q.4. Please explain your policies on disclosure of outside income by your top executives and board members.

A.4. ASCP's written policies prohibit employees from entering into relationships with persons or organizations in any activity directly or indirectly detrimental to ASCP or where compensation is contingent on a result of the individual's employment with ASCP. All employees must acknowledge that they have read and are familiar with the details of this policy and must disclose any interests (outside employment or compensation) on an annual basis. If any outside employment or compensation arrangement presents a conflict of interest, ASCP's policies require that it be minimized or eliminated.

ASCP's written policies also require that Board Members disclose all potential conflicts of interest in employment, professional activities and financial interests on an annual basis. In the event a Board Member is involved in activities or organizations that constitute an actual conflict of interest that affects his/her continued service, he/she must take prompt action to resolve the conflict by (a) terminating the conflicting activity or organizational affiliation; or (b) by resigning from the ASCP Board of Directors.

In addition, ASCP files a detailed tax form (IRS Form 990) that contains a great deal of detailed financial information on payments made to senior staff and members of the Board of Directors.

Documents Produced:

- 1) ASCP Employee Conflicts of Interest Policy
- 2) ASCP Disclosure of Bias or Potential Conflicts of Interest and Related Party Transactions

Q.5. Please provide the disclosures of outside income filed with your organization by your top executives and Board Members.

Documents produced:

- 1) ASCP Employee Conflicts of Interest Disclosures filed by Current executive staff
- 2) ASCP Board of Directors Disclosure Statements

**American Society of Consultant Pharmacists
2006 Funding by Support Type**

| Company Name | Company Type | Amount Received | Third-Party Payments * | ASCP Net Revenue |
|---|------------------------------|-----------------|------------------------|------------------|
| Commercial Support | | | | |
| Bimark Medical Communications | Medical Education Companies | \$ 6,500 | \$ - | \$ 6,500 |
| Gladson Design Group | Medical Education Companies | \$ 3,000 | \$ - | \$ 3,000 |
| MatureHealth Communications | Medical Education Companies | \$ 800 | \$ - | \$ 800 |
| MRCGROUP Research Institute | Medical Education Companies | \$ 2,150 | \$ - | \$ 2,150 |
| Precept Educational Sciences | Medical Education Companies | \$ 3,500 | \$ - | \$ 3,500 |
| ProCom | Medical Education Companies | \$ 3,500 | \$ - | \$ 3,500 |
| The CE Solution | Medical Education Companies | \$ 3,150 | \$ - | \$ 3,150 |
| Diagnostic Devices, Inc. | Medical Equipment and Device | \$ 3,150 | \$ - | \$ 3,150 |
| Roche Diagnostics | Medical Equipment and Device | \$ 3,150 | \$ - | \$ 3,150 |
| Abbott Laboratories | Pharmaceutical Manufacturer | \$ 52,815 | \$ - | \$ 52,815 |
| Alpharma Branded Products Division Inc. | Pharmaceutical Manufacturer | \$ 12,000 | \$ - | \$ 12,000 |
| Amgen Inc. | Pharmaceutical Manufacturer | \$ 42,250 | \$ - | \$ 42,250 |
| Anda, Inc. | Pharmaceutical Manufacturer | \$ 22,125 | \$ - | \$ 22,125 |
| Apotex Corp | Pharmaceutical Manufacturer | \$ 3,150 | \$ - | \$ 3,150 |
| Astellas Pharma US | Pharmaceutical Manufacturer | \$ 1,811 | \$ - | \$ 1,811 |
| AstraZeneca Pharmaceuticals LP | Pharmaceutical Manufacturer | \$ 68,775 | \$ - | \$ 68,775 |
| Biovail Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 5,300 | \$ - | \$ 5,300 |
| Boehringer Ingelheim Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 70,377 | \$ - | \$ 70,377 |
| Bristol-Myers Squibb Company | Pharmaceutical Manufacturer | \$ 206,006 | \$ - | \$ 206,006 |
| Cephalon, Inc. | Pharmaceutical Manufacturer | \$ 3,000 | \$ - | \$ 3,000 |
| DermaRite Industries | Pharmaceutical Manufacturer | \$ 11,300 | \$ - | \$ 11,300 |
| Dey, L.P. | Pharmaceutical Manufacturer | \$ 11,300 | \$ - | \$ 11,300 |
| Eisai, Inc. | Pharmaceutical Manufacturer | \$ 46,577 | \$ - | \$ 46,577 |
| Eli Lilly and Company | Pharmaceutical Manufacturer | \$ 15,750 | \$ - | \$ 15,750 |
| Esprit Pharma, Inc. | Pharmaceutical Manufacturer | \$ 9,050 | \$ - | \$ 9,050 |
| ETHEX Corporation | Pharmaceutical Manufacturer | \$ 3,150 | \$ - | \$ 3,150 |
| Forest Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 205,150 | \$ - | \$ 205,150 |
| G & W Laboratories | Pharmaceutical Manufacturer | \$ 3,000 | \$ - | \$ 3,000 |
| Genetco, Inc | Pharmaceutical Manufacturer | \$ 3,150 | \$ - | \$ 3,150 |
| Geritrex Corporation | Pharmaceutical Manufacturer | \$ 3,150 | \$ - | \$ 3,150 |
| GlaxoSmithKline | Pharmaceutical Manufacturer | \$ 60,060 | \$ - | \$ 60,060 |
| Healthpoint, Ltd. | Pharmaceutical Manufacturer | \$ 5,300 | \$ - | \$ 5,300 |
| Hi-Tech Pharmacal | Pharmaceutical Manufacturer | \$ 7,727 | \$ - | \$ 7,727 |
| Janssen Pharmaceutica | Pharmaceutical Manufacturer | \$ 62,118 | \$ - | \$ 62,118 |
| Johnson & Johnson Health Care Systems, Inc. | Pharmaceutical Manufacturer | \$ 137,042 | \$ - | \$ 137,042 |
| Ligand Pharmaceuticals | Pharmaceutical Manufacturer | \$ 5,150 | \$ - | \$ 5,150 |
| Mallinckrodt, Inc. | Pharmaceutical Manufacturer | \$ 9,050 | \$ - | \$ 9,050 |
| Merck & Co., Inc. | Pharmaceutical Manufacturer | \$ 17,900 | \$ - | \$ 17,900 |
| Merck Schering Plough | Pharmaceutical Manufacturer | \$ 8,100 | \$ - | \$ 8,100 |
| Mission Pharmacal Company | Pharmaceutical Manufacturer | \$ 3,150 | \$ - | \$ 3,150 |
| Mylan Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 44,472 | \$ - | \$ 44,472 |
| Novartis Pharmaceuticals Corporation | Pharmaceutical Manufacturer | \$ 4,400 | \$ - | \$ 4,400 |
| Novo Nordisk Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 11,302 | \$ - | \$ 11,302 |
| Nuvite Labs | Pharmaceutical Manufacturer | \$ 3,000 | \$ - | \$ 3,000 |
| Ortho Biotech Product, L.P. | Pharmaceutical Manufacturer | \$ 26,251 | \$ - | \$ 26,251 |
| Ortho-McNeil Pharmaceuticals | Pharmaceutical Manufacturer | \$ 46,004 | \$ - | \$ 46,004 |
| Oscient Pharmaceuticals Corp. | Pharmaceutical Manufacturer | \$ 2,150 | \$ - | \$ 2,150 |
| Otsuka America Pharmaceutical, Inc. | Pharmaceutical Manufacturer | \$ 8,000 | \$ - | \$ 8,000 |
| Paddock Laboratories, Inc. | Pharmaceutical Manufacturer | \$ 5,300 | \$ - | \$ 5,300 |

**American Society of Consultant Pharmacists
2006 Funding by Support Type**

| Company Name | Company Type | Amount Received | Third-Party Payments * | ASCP Net Revenue |
|--|-----------------------------|-----------------|------------------------|------------------|
| PAR Pharmaceutical | Pharmaceutical Manufacturer | \$ 9,150 | \$ - | \$ 9,150 |
| Pfizer Inc. | Pharmaceutical Manufacturer | \$ 167,288 | \$ - | \$ 167,288 |
| Prasco Laboratories | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| Procter & Gamble Pharmaceuticals | Pharmaceutical Manufacturer | \$ 8,800 | \$ - | \$ 8,800 |
| QCE Laboratories | Pharmaceutical Manufacturer | \$ 3,000 | \$ - | \$ 3,000 |
| sanofi-aventis | Pharmaceutical Manufacturer | \$ 61,900 | \$ - | \$ 61,900 |
| SANTARUS, Inc. | Pharmaceutical Manufacturer | \$ 5,150 | \$ - | \$ 5,150 |
| Schwarz Pharma, Inc. | Pharmaceutical Manufacturer | \$ 5,300 | \$ - | \$ 5,300 |
| Sepracor, Inc. | Pharmaceutical Manufacturer | \$ 1,950 | \$ - | \$ 1,950 |
| Solvay Pharmaceuticals | Pharmaceutical Manufacturer | \$ 14,000 | \$ - | \$ 14,000 |
| Sucampo Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 15,750 | \$ - | \$ 15,750 |
| Takeda Pharmaceuticals North America, Inc. | Pharmaceutical Manufacturer | \$ 30,500 | \$ - | \$ 30,500 |
| TAP Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 25,550 | \$ - | \$ 25,550 |
| Taro Pharmaceuticals | Pharmaceutical Manufacturer | \$ 3,000 | \$ - | \$ 3,000 |
| Teva Pharmaceuticals USA | Pharmaceutical Manufacturer | \$ 7,400 | \$ - | \$ 7,400 |
| Ther-Rx Corporation | Pharmaceutical Manufacturer | \$ 6,450 | \$ - | \$ 6,450 |
| UCB Pharma, Inc. | Pharmaceutical Manufacturer | \$ 14,000 | \$ - | \$ 14,000 |
| UDL Laboratories, Inc. | Pharmaceutical Manufacturer | \$ 7,250 | \$ - | \$ 7,250 |
| Upsher-Smith Laboratories, Inc. | Pharmaceutical Manufacturer | \$ 3,150 | \$ - | \$ 3,150 |
| Watson Pharma, Inc. | Pharmaceutical Manufacturer | \$ 11,700 | \$ - | \$ 11,700 |
| Wyeth | Pharmaceutical Manufacturer | \$ 16,890 | \$ - | \$ 16,890 |

| | | | | |
|---------------------------------|--|--------------------|------------|--------------------|
| Total Commercial Support | | \$1,714,740 | \$0 | \$1,714,740 |
|---------------------------------|--|--------------------|------------|--------------------|

| | | | | |
|---|-----------------------------|------------|------------|------------|
| Educational Support | | | | |
| Medical Communications Media, Inc. | Medical Education Company | \$ 82,000 | \$ - | \$ 82,000 |
| Abbott Laboratories | Pharmaceutical Manufacturer | \$ 22,000 | \$ - | \$ 22,000 |
| Amgen Inc. | Pharmaceutical Manufacturer | \$ 238,425 | \$ - | \$ 238,425 |
| Astellas Pharma US | Pharmaceutical Manufacturer | \$ 11,000 | \$ - | \$ 11,000 |
| AstraZeneca Pharmaceuticals LP | Pharmaceutical Manufacturer | \$ 30,000 | \$ - | \$ 30,000 |
| Boehringer Ingelheim Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 37,000 | \$ - | \$ 37,000 |
| Bristol-Myers Squibb Company | Pharmaceutical Manufacturer | \$ 159,270 | \$ - | \$ 159,270 |
| Dey L.P. | Pharmaceutical Manufacturer | \$ 22,000 | \$ - | \$ 22,000 |
| Forest Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 22,000 | \$ - | \$ 22,000 |
| GlaxoSmithKline | Pharmaceutical Manufacturer | \$ 55,000 | \$ - | \$ 55,000 |
| Johnson & Johnson Health Care Systems, Inc. | Pharmaceutical Manufacturer | \$ 60,000 | \$ - | \$ 60,000 |
| Mallinckrodt, Inc. | Pharmaceutical Manufacturer | \$ 5,000 | \$ - | \$ 5,000 |
| Merck & Co., Inc. | Pharmaceutical Manufacturer | \$ 192,300 | \$ 84,300 | \$ 108,000 |
| Novartis Pharmaceuticals Corporation | Pharmaceutical Manufacturer | \$ 18,000 | \$ - | \$ 18,000 |
| Novo Nordisk Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 144,643 | \$ 122,643 | \$ 22,000 |
| Ortho Biotech Product, L.P. | Pharmaceutical Manufacturer | \$ 22,000 | \$ - | \$ 22,000 |
| Ortho-McNeil Pharmaceuticals | Pharmaceutical Manufacturer | \$ 22,000 | \$ - | \$ 22,000 |
| PAR Pharmaceutical | Pharmaceutical Manufacturer | \$ 22,000 | \$ - | \$ 22,000 |
| Pfizer Inc. | Pharmaceutical Manufacturer | \$ 22,000 | \$ - | \$ 22,000 |
| sanofi-aventis | Pharmaceutical Manufacturer | \$ 153,970 | \$ - | \$ 153,970 |
| Sucampo Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 11,000 | \$ - | \$ 11,000 |
| Takeda Pharmaceuticals North America, Inc. | Pharmaceutical Manufacturer | \$ 162,000 | \$ - | \$ 162,000 |
| TAP Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 22,000 | \$ - | \$ 22,000 |
| Watson Pharma, Inc. | Pharmaceutical Manufacturer | \$ 22,000 | \$ - | \$ 22,000 |

**American Society of Consultant Pharmacists
2006 Funding by Support Type**

| Company Name | Company Type | Amount Received | Third-Party Payments * | ASCP Net Revenue |
|--------------|--------------|-----------------|------------------------|------------------|
|--------------|--------------|-----------------|------------------------|------------------|

| | | | | |
|----------------------------------|--|--------------------|------------------|--------------------|
| Total Educational Support | | \$1,557,608 | \$206,943 | \$1,350,665 |
|----------------------------------|--|--------------------|------------------|--------------------|

| | | | | |
|--|-----------------------------|-----------|----------|-----------|
| General Sponsorship Support | | | | |
| Amgen Inc. | Pharmaceutical Manufacturer | \$ 35,000 | \$ - | \$ 35,000 |
| AstraZeneca Pharmaceuticals | Pharmaceutical Manufacturer | \$ 5,000 | \$ - | \$ 5,000 |
| Boehringer Ingelheim Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 60,000 | \$ - | \$ 60,000 |
| Eisai Inc. | Pharmaceutical Manufacturer | \$ 55,000 | \$ - | \$ 55,000 |
| Esprit Pharma, Inc. | Pharmaceutical Manufacturer | \$ 5,000 | \$ - | \$ 5,000 |
| Mallinckrodt, Inc. | Pharmaceutical Manufacturer | \$ 10,000 | \$ - | \$ 10,000 |
| Merck & Co., Inc. | Pharmaceutical Manufacturer | \$ 7,000 | \$ - | \$ 7,000 |
| Novartis Pharmaceuticals Corporation | Pharmaceutical Manufacturer | \$ 15,000 | \$ - | \$ 15,000 |
| Otsuka America Pharmaceutical, Inc. | Pharmaceutical Manufacturer | \$ 5,000 | \$ - | \$ 5,000 |
| Procter & Gamble Pharmaceuticals | Pharmaceutical Manufacturer | \$ 4,500 | \$ 4,050 | \$ 450 |
| sanofi-aventis | Pharmaceutical Manufacturer | \$ 62,500 | \$ - | \$ 62,500 |
| Sepracor, Inc. | Pharmaceutical Manufacturer | \$ 5,000 | \$ - | \$ 5,000 |

| | | | | |
|--|--|------------------|----------------|------------------|
| Total General Sponsorship Support | | \$269,000 | \$4,050 | \$264,950 |
|--|--|------------------|----------------|------------------|

| | | | | |
|--|-----------------------------|-----------|------|-----------|
| Consulting Support | | | | |
| Takeda Pharmaceuticals North America, Inc. | Pharmaceutical Manufacturer | \$ 60,000 | \$ - | \$ 60,000 |

| | | | | |
|---------------------------------|--|-----------------|------------|-----------------|
| Total Consulting Support | | \$60,000 | \$0 | \$60,000 |
|---------------------------------|--|-----------------|------------|-----------------|

| | | | | |
|--|------------------------------|----------|------|----------|
| Dues | | | | |
| Apothecary Products, Inc. | Medical Equipment and Device | \$ 2,000 | \$ - | \$ 2,000 |
| Abbott Laboratories | Pharmaceutical Manufacturer | | \$ - | \$ - |
| Amgen | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| AstraZeneca Pharmaceuticals LP | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| Boehringer Ingelheim Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| Eisai, Inc. | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| Eli Lilly and Company | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| Esprit Pharma, Inc. | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| Forest Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| GlaxoSmithKline | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| IVAX Pharmaceuticals | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| King Pharmaceuticals | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| Mallinckrodt, Inc. | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| McKesson | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| Merck & Co., Inc. | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| Organon Pharmaceuticals USA Inc. | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| Otsuka America Pharmaceutical Inc. | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| Par Pharmaceuticals Companies, Inc. | Pharmaceutical Manufacturer | \$ 2,200 | \$ - | \$ 2,200 |
| Pfizer Inc. | Pharmaceutical Manufacturer | \$ 2,200 | \$ - | \$ 2,200 |
| Procter & Gamble Pharmaceuticals | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| Purdue Pharma L.P. | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| sanofi-aventis | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| The Long Term Group: Johnson & Johnson Health Care | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| UCB Pharma, Inc. | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| UDL Laboratories, Inc. | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| Wyeth | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |

American Society of Consultant Pharmacists
2006 Funding by Support Type

| Company Name | Company Type | Amount Received | Third-Party Payments * | ASCP Net Revenue |
|----------------------|--------------|--------------------|------------------------|--------------------|
| <i>Total Dues</i> | | <i>\$50,400</i> | <i>\$0</i> | <i>\$50,400</i> |
| TOTAL SUPPORT | | \$3,651,747 | \$210,993 | \$3,440,755 |

* ASCP was prime recipient of grant funds and payments were made to third-party partners as part of contractual obligation.

**American Society of Consultant Pharmacists
2007 Funding by Support Type**

| Company Name | Company Type | Amount Received | Third-Party Payments * | ASCP Net Revenue |
|---|------------------------------|-----------------|------------------------|------------------|
| Commercial Support | | | | |
| Academy for HealthCare | Medical Education Company | \$ 3,145 | \$ - | \$ 3,145 |
| Advanced Concepts Institute | Medical Education Company | \$ 1,883 | \$ - | \$ 1,883 |
| HRA Research | Medical Education Company | \$ 3,500 | \$ - | \$ 3,500 |
| MatureHealth Communications | Medical Education Company | \$ 1,590 | \$ - | \$ 1,590 |
| Accu - flo by Creative Strategies | Medical Equipment and Device | \$ 3,950 | \$ - | \$ 3,950 |
| Roche Diagnostics | Medical Equipment and Device | \$ 3,650 | \$ - | \$ 3,650 |
| Abbott Laboratories | Pharmaceutical Manufacturer | \$ 22,350 | \$ - | \$ 22,350 |
| Allergan, Inc. | Pharmaceutical Manufacturer | \$ 6,350 | \$ - | \$ 6,350 |
| Alpharma Branded Products Division Inc. | Pharmaceutical Manufacturer | \$ 1,800 | \$ - | \$ 1,800 |
| Amgen | Pharmaceutical Manufacturer | \$ 21,550 | \$ - | \$ 21,550 |
| Anda, Inc. | Pharmaceutical Manufacturer | \$ 25,250 | \$ - | \$ 25,250 |
| Apotex Corp | Pharmaceutical Manufacturer | \$ 3,650 | \$ - | \$ 3,650 |
| AstraZeneca Pharmaceuticals LP | Pharmaceutical Manufacturer | \$ 54,350 | \$ - | \$ 54,350 |
| Biocodex Inc. | Pharmaceutical Manufacturer | \$ 6,100 | \$ - | \$ 6,100 |
| Boehringer Ingelheim Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 126,850 | \$ - | \$ 126,850 |
| Breckenridge Pharmaceutical, Inc. | Pharmaceutical Manufacturer | \$ 5,800 | \$ - | \$ 5,800 |
| Bristol-Myers Squibb Company | Pharmaceutical Manufacturer | \$ 171,794 | \$ - | \$ 171,794 |
| Cephalon, Inc. | Pharmaceutical Manufacturer | \$ 2,150 | \$ - | \$ 2,150 |
| DermaRite Industries | Pharmaceutical Manufacturer | \$ 11,550 | \$ - | \$ 11,550 |
| Dey, L.P. | Pharmaceutical Manufacturer | \$ 7,150 | \$ - | \$ 7,150 |
| Eisai, Inc. | Pharmaceutical Manufacturer | \$ 58,432 | \$ - | \$ 58,432 |
| Eli Lilly and Company | Pharmaceutical Manufacturer | \$ 16,300 | \$ - | \$ 16,300 |
| Esprit Pharma, Inc. | Pharmaceutical Manufacturer | \$ 1,950 | \$ - | \$ 1,950 |
| ETHEX Corp. | Pharmaceutical Manufacturer | \$ 31,547 | \$ - | \$ 31,547 |
| Forest Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 235,963 | \$ - | \$ 235,963 |
| Genetco, Inc. | Pharmaceutical Manufacturer | \$ 5,520 | \$ - | \$ 5,520 |
| Geritrex Corporation | Pharmaceutical Manufacturer | \$ 3,650 | \$ - | \$ 3,650 |
| GlaxoSmithKline | Pharmaceutical Manufacturer | \$ 34,495 | \$ - | \$ 34,495 |
| Healthpoint, Ltd. | Pharmaceutical Manufacturer | \$ 6,100 | \$ - | \$ 6,100 |
| Hi-Tech Pharmacal | Pharmaceutical Manufacturer | \$ 8,041 | \$ - | \$ 8,041 |
| Janssen Pharmaceutica | Pharmaceutical Manufacturer | \$ 87,700 | \$ - | \$ 87,700 |
| Johnson & Johnson Health Care Systems, Inc. | Pharmaceutical Manufacturer | \$ 79,950 | \$ - | \$ 79,950 |
| Mallinckrodt, Inc. | Pharmaceutical Manufacturer | \$ 10,250 | \$ - | \$ 10,250 |
| Masters Pharmaceutical, Inc | Pharmaceutical Manufacturer | \$ 3,950 | \$ - | \$ 3,950 |
| Merck & Co., Inc. | Pharmaceutical Manufacturer | \$ 24,750 | \$ - | \$ 24,750 |
| Mission Pharmacal Company | Pharmaceutical Manufacturer | \$ 3,650 | \$ - | \$ 3,650 |
| Mylan Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 46,257 | \$ - | \$ 46,257 |
| Nomax, Inc | Pharmaceutical Manufacturer | \$ 3,100 | \$ - | \$ 3,100 |
| Novartis Pharmaceuticals Corporation | Pharmaceutical Manufacturer | \$ 7,600 | \$ - | \$ 7,600 |
| Novo Nordisk Inc. | Pharmaceutical Manufacturer | \$ 30,508 | \$ - | \$ 30,508 |
| Ortho Biotech | Pharmaceutical Manufacturer | \$ 40,604 | \$ - | \$ 40,604 |
| Ortho-McNeil Pharmaceuticals | Pharmaceutical Manufacturer | \$ 43,240 | \$ - | \$ 43,240 |
| Paddock Laboratories, Inc. | Pharmaceutical Manufacturer | \$ 3,650 | \$ - | \$ 3,650 |
| Par Pharmaceuticals Companies, Inc. | Pharmaceutical Manufacturer | \$ 7,150 | \$ - | \$ 7,150 |
| Pfizer Inc. | Pharmaceutical Manufacturer | \$ 125,166 | \$ - | \$ 125,166 |
| Prasco Laboratories | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |
| Procter & Gamble Pharmaceuticals | Pharmaceutical Manufacturer | \$ 10,800 | \$ - | \$ 10,800 |
| sanofi-aventis | Pharmaceutical Manufacturer | \$ 75,950 | \$ - | \$ 75,950 |
| SANTARUS, Inc. | Pharmaceutical Manufacturer | \$ 5,500 | \$ - | \$ 5,500 |

**American Society of Consultant Pharmacists
2007 Funding by Support Type**

| Company Name | Company Type | Amount Received | Third-Party Payments * | ASCP Net Revenue |
|--|-----------------------------|------------------------|-------------------------------|-------------------------|
| Schwarz Pharma, Inc. | Pharmaceutical Manufacturer | \$ 41,837 | \$ - | \$ 41,837 |
| Solvay Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 15,500 | \$ - | \$ 15,500 |
| Sucampo Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 25,650 | \$ - | \$ 25,650 |
| Takeda Pharmaceuticals North America, Inc. | Pharmaceutical Manufacturer | \$ 133,443 | \$ - | \$ 133,443 |
| TAP Pharmaceutical Products, Inc. | Pharmaceutical Manufacturer | \$ 32,695 | \$ - | \$ 32,695 |
| TEVA Pharmaceuticals USA | Pharmaceutical Manufacturer | \$ 9,750 | \$ - | \$ 9,750 |
| The Long Term Group: Johnson & Johnson Health Care | Pharmaceutical Manufacturer | \$ 103,550 | \$ - | \$ 103,550 |
| UCB Pharma, Inc. | Pharmaceutical Manufacturer | \$ 21,150 | \$ - | \$ 21,150 |
| UDL Laboratories, Inc. | Pharmaceutical Manufacturer | \$ 8,450 | \$ - | \$ 8,450 |
| Upsher Smith Laboratories | Pharmaceutical Manufacturer | \$ 31,882 | \$ - | \$ 31,882 |
| Watson Pharma, Inc. | Pharmaceutical Manufacturer | \$ 11,700 | \$ - | \$ 11,700 |
| Wyeth | Pharmaceutical Manufacturer | \$ 109,523 | \$ - | \$ 109,523 |

| | | | |
|---------------------------------|--------------------|------------|--------------------|
| Total Commercial Support | \$2,043,315 | \$0 | \$2,043,315 |
|---------------------------------|--------------------|------------|--------------------|

| | | | | |
|---|----------------------------------|------------|------------|------------|
| Educational Support | | | | |
| Medical Communications Media, Inc. | Medical Education Communications | \$ 102,000 | \$ - | \$ 102,000 |
| Bristol-Myers Squibb Company | Pharmaceutical Manufacturer | \$ 22,000 | \$ - | \$ 22,000 |
| Forest Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 44,000 | \$ - | \$ 44,000 |
| GlaxoSmithKline | Pharmaceutical Manufacturer | \$ 22,000 | \$ - | \$ 22,000 |
| Healthpoint, Ltd. | Pharmaceutical Manufacturer | \$ 13,500 | \$ - | \$ 13,500 |
| Johnson & Johnson Health Care Systems, Inc. | Pharmaceutical Manufacturer | \$ 75,000 | \$ - | \$ 75,000 |
| Merck & Co., Inc. | Pharmaceutical Manufacturer | \$ 175,500 | \$ - | \$ 175,500 |
| Novo Nordisk Inc. | Pharmaceutical Manufacturer | \$ 153,381 | \$ 131,381 | \$ 22,000 |
| Ortho Biotech | Pharmaceutical Manufacturer | \$ 22,000 | \$ - | \$ 22,000 |
| Ortho-McNeil Pharmaceuticals | Pharmaceutical Manufacturer | \$ 34,500 | \$ - | \$ 34,500 |
| Procter & Gamble Pharmaceuticals | Pharmaceutical Manufacturer | \$ 11,000 | \$ - | \$ 11,000 |
| sanofi-aventis | Pharmaceutical Manufacturer | \$ 146,000 | \$ - | \$ 146,000 |
| Sucampo Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 11,000 | \$ - | \$ 11,000 |
| Takeda Pharmaceuticals North America, Inc. | Pharmaceutical Manufacturer | \$ 51,740 | \$ - | \$ 51,740 |
| TAP Pharmaceutical Products, Inc. | Pharmaceutical Manufacturer | \$ 22,000 | \$ - | \$ 22,000 |
| Watson Pharma, Inc. | Pharmaceutical Manufacturer | \$ 194,400 | \$ 150,400 | \$ 44,000 |
| Wyeth | Pharmaceutical Manufacturer | \$ 22,000 | \$ - | \$ 22,000 |

| | | | |
|----------------------------------|--------------------|------------------|------------------|
| Total Educational Support | \$1,122,021 | \$281,781 | \$840,240 |
|----------------------------------|--------------------|------------------|------------------|

| | | | | |
|--------------------------------------|-----------------------------|-----------|----------|-----------|
| General Sponsorship Support | | | | |
| Eisai, Inc. | Pharmaceutical Manufacturer | \$ 55,000 | \$ - | \$ 55,000 |
| Esprit Pharma, Inc. | Pharmaceutical Manufacturer | \$ 5,000 | \$ - | \$ 5,000 |
| Merck & Co., Inc. | Pharmaceutical Manufacturer | \$ 5,000 | \$ - | \$ 5,000 |
| Novartis Pharmaceuticals Corporation | Pharmaceutical Manufacturer | \$ 14,600 | \$ - | \$ 14,600 |
| Otsuka America Pharmaceutical, Inc. | Pharmaceutical Manufacturer | \$ 5,000 | \$ - | \$ 5,000 |
| Pfizer Inc. | Pharmaceutical Manufacturer | \$ 2,000 | \$ 1,778 | \$ 222 |
| Procter & Gamble Pharmaceuticals | Pharmaceutical Manufacturer | \$ 4,500 | \$ 4,000 | \$ 500 |
| sanofi-aventis | Pharmaceutical Manufacturer | \$ 65,628 | \$ - | \$ 65,628 |

| | | | |
|--|------------------|----------------|------------------|
| Total General Sponsorship Support | \$156,728 | \$5,778 | \$150,950 |
|--|------------------|----------------|------------------|

| | | | | |
|-------------------|-----------------------------|-----------|------|-----------|
| Consulting | | | | |
| Eisai, Inc. | Pharmaceutical Manufacturer | \$ 45,000 | \$ - | \$ 45,000 |

**American Society of Consultant Pharmacists
2007 Funding by Support Type**

| Company Name | Company Type | Amount Received | Third-Party Payments * | ASCP Net Revenue |
|----------------------------------|-----------------------------|------------------------|-------------------------------|-------------------------|
| Eli Lilly and Company | Pharmaceutical Manufacturer | \$ 21,379 | \$ - | \$ 21,379 |
| Procter & Gamble Pharmaceuticals | Pharmaceutical Manufacturer | \$ 18,000 | \$ - | \$ 18,000 |

| | | | | |
|-------------------------|--|-----------------|------------|-----------------|
| Total Consulting | | \$84,379 | \$0 | \$84,379 |
|-------------------------|--|-----------------|------------|-----------------|

| | | | | |
|--|------------------------------|----------|------|----------|
| Dues | | | | |
| Apothecary Products, Inc. | Medical Equipment and Device | \$ 2,500 | \$ - | \$ 2,500 |
| Abbott Laboratories | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Amgen | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| AstraZeneca Pharmaceuticals LP | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Boehringer Ingelheim Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 6,400 | \$ - | \$ 6,400 |
| E. Fougera & Company | Pharmaceutical Manufacturer | \$ 2,500 | \$ - | \$ 2,500 |
| Eisai, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Eli Lilly and Company | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Esprit Pharma, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Forest Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| GlaxoSmithKline | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| King Pharmaceuticals | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Mallinckrodt, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Merck & Co., Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Novartis Pharmaceuticals Corporation | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Organon Pharmaceuticals USA Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Otsuka America Pharmaceutical Inc. | Pharmaceutical Manufacturer | \$ 1,200 | \$ - | \$ 1,200 |
| Par Pharmaceuticals Companies, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Pfizer Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Procter & Gamble Pharmaceuticals | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Purdue Pharma L.P. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| sanofi-aventis | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Sucampo Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 1,200 | \$ - | \$ 1,200 |
| The Long Term Group: Johnson & Johnson Health Care | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| UCB Pharma, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| UDL Laboratories, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Wyeth | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |

| | | | | |
|-------------------|--|------------------|------------|------------------|
| Total Dues | | \$132,600 | \$0 | \$132,600 |
|-------------------|--|------------------|------------|------------------|

| | | | | |
|----------------------|--|--------------------|------------------|--------------------|
| TOTAL SUPPORT | | \$3,539,042 | \$287,558 | \$3,251,484 |
|----------------------|--|--------------------|------------------|--------------------|

* ASCP was prime recipient of grant funds and payments were made to third-party partners as part of contractual obligation.

**American Society of Consultant Pharmacists
2008 Funding by Support Type**

| Company Name | Company Type | Amount Received | Third-Party Payments * | ASCP Net Revenue |
|---|----------------------------------|-----------------|------------------------|------------------|
| Commercial Support | | | | |
| WellPoint, Point of Sale Facilitated Enrollment | Insurance | \$ 3,500 | \$ - | \$ 3,500 |
| Assisted Living Consult/HealthCom Media | Medical Education Communications | \$ 1,775 | \$ - | \$ 1,775 |
| DesignWrite | Medical Education Communications | \$ 795 | \$ - | \$ 795 |
| HRA Research | Medical Education Communications | \$ 2,850 | \$ - | \$ 2,850 |
| Medical Communications Media | Medical Education Communications | \$ 2,385 | \$ - | \$ 2,385 |
| Accu - flo by Creative Strategies | Medical Equipment and Device | \$ 6,650 | \$ - | \$ 6,650 |
| WAVESENSE | Medical Equipment and Device | \$ 7,600 | \$ - | \$ 7,600 |
| Allergan, Inc. | Pharmaceutical Manufacturer | \$ 5,800 | \$ - | \$ 5,800 |
| Abbott Laboratories | Pharmaceutical Manufacturer | \$ 14,800 | \$ - | \$ 14,800 |
| Amgen | Pharmaceutical Manufacturer | \$ 25,132 | \$ - | \$ 25,132 |
| Anda, Inc. | Pharmaceutical Manufacturer | \$ 24,000 | \$ - | \$ 24,000 |
| Apotex Corp | Pharmaceutical Manufacturer | \$ 3,650 | \$ - | \$ 3,650 |
| Biocodex Inc. | Pharmaceutical Manufacturer | \$ 6,000 | \$ - | \$ 6,000 |
| Blair Laboratories / Dr. Tichenor's Antiseptic | Pharmaceutical Manufacturer | \$ 3,950 | \$ - | \$ 3,950 |
| Boehringer Ingelheim Pharmaceuticals, Inc | Pharmaceutical Manufacturer | \$ 102,800 | \$ - | \$ 102,800 |
| Breckenridge Pharmaceutical, Inc. | Pharmaceutical Manufacturer | \$ 2,850 | \$ - | \$ 2,850 |
| Bristol-Myers Squibb Company | Pharmaceutical Manufacturer | \$ 108,080 | \$ - | \$ 108,080 |
| Cubist Pharmaceuticals | Pharmaceutical Manufacturer | \$ 28,701 | \$ - | \$ 28,701 |
| DermaRite Industries | Pharmaceutical Manufacturer | \$ 9,800 | \$ - | \$ 9,800 |
| Eisai, Inc. | Pharmaceutical Manufacturer | \$ 31,582 | \$ - | \$ 31,582 |
| Eli Lilly and Company | Pharmaceutical Manufacturer | \$ 235,755 | \$ - | \$ 235,755 |
| Endo Pharmaceuticals Inc. | Pharmaceutical Manufacturer | \$ 3,950 | \$ - | \$ 3,950 |
| ETHEX Corporation | Pharmaceutical Manufacturer | \$ 3,650 | \$ - | \$ 3,650 |
| Forest Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 388,497 | \$ - | \$ 388,497 |
| Genetco, Inc. | Pharmaceutical Manufacturer | \$ 6,450 | \$ - | \$ 6,450 |
| GlaxoSmithKline | Pharmaceutical Manufacturer | \$ 60,200 | \$ - | \$ 60,200 |
| Healthpoint, Ltd. | Pharmaceutical Manufacturer | \$ 6,300 | \$ - | \$ 6,300 |
| Hi-Tech Pharmacal | Pharmaceutical Manufacturer | \$ 4,182 | \$ - | \$ 4,182 |
| HS Pharmaceuticals, LLC | Pharmaceutical Manufacturer | \$ 10,600 | \$ - | \$ 10,600 |
| Janssen Pharmaceutica | Pharmaceutical Manufacturer | \$ 12,500 | \$ - | \$ 12,500 |
| Johnson & Johnson Health Care Systems, Inc. | Pharmaceutical Manufacturer | \$ 114,600 | \$ - | \$ 114,600 |
| Mallinckrodt, Inc. | Pharmaceutical Manufacturer | \$ 10,900 | \$ - | \$ 10,900 |
| Masters Pharmaceutical, Inc | Pharmaceutical Manufacturer | \$ 4,950 | \$ - | \$ 4,950 |
| Merck & Co., Inc. | Pharmaceutical Manufacturer | \$ 14,700 | \$ - | \$ 14,700 |
| Mission Pharmacal Company | Pharmaceutical Manufacturer | \$ 3,650 | \$ - | \$ 3,650 |
| Mylan Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 52,156 | \$ - | \$ 52,156 |
| Novartis Pharmaceuticals Corporation | Pharmaceutical Manufacturer | \$ 23,400 | \$ - | \$ 23,400 |
| Novo Nordisk Inc. | Pharmaceutical Manufacturer | \$ 15,482 | \$ - | \$ 15,482 |
| Ortho Biotech | Pharmaceutical Manufacturer | \$ 34,000 | \$ - | \$ 34,000 |
| Paddock Laboratories, Inc. | Pharmaceutical Manufacturer | \$ 3,650 | \$ - | \$ 3,650 |
| Pamlab, LLC | Pharmaceutical Manufacturer | \$ 6,000 | \$ - | \$ 6,000 |
| Par Pharmaceuticals Companies, Inc. | Pharmaceutical Manufacturer | \$ 7,150 | \$ - | \$ 7,150 |
| Pfizer Inc. | Pharmaceutical Manufacturer | \$ 96,742 | \$ - | \$ 96,742 |
| Prasco Laboratories | Pharmaceutical Manufacturer | \$ 2,500 | \$ - | \$ 2,500 |
| Procter and Gamble Pharmaceuticals | Pharmaceutical Manufacturer | \$ 28,100 | \$ - | \$ 28,100 |
| sanofi-aventis | Pharmaceutical Manufacturer | \$ 73,200 | \$ - | \$ 73,200 |
| SANTARUS, Inc. | Pharmaceutical Manufacturer | \$ 19,800 | \$ - | \$ 19,800 |
| Sucampo Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 9,750 | \$ - | \$ 9,750 |
| Takeda Pharmaceuticals North America, Inc. | Pharmaceutical Manufacturer | \$ 94,646 | \$ - | \$ 94,646 |

**American Society of Consultant Pharmacists
2008 Funding by Support Type**

| Company Name | Company Type | Amount Received | Third-Party Payments * | ASCP Net Revenue |
|--|-----------------------------|-----------------|------------------------|------------------|
| TAP Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 9,000 | \$ - | \$ 9,000 |
| TEVA Pharmaceutical | Pharmaceutical Manufacturer | \$ 7,600 | \$ - | \$ 7,600 |
| The Long Term Group: Johnson & Johnson Health Care | Pharmaceutical Manufacturer | \$ 19,800 | \$ - | \$ 19,800 |
| TOP RX, Inc | Pharmaceutical Manufacturer | \$ 2,850 | \$ - | \$ 2,850 |
| UCB Pharma, Inc. | Pharmaceutical Manufacturer | \$ 48,716 | \$ - | \$ 48,716 |
| UDL Laboratories, Inc. | Pharmaceutical Manufacturer | \$ 5,600 | \$ - | \$ 5,600 |
| Upsher-Smith Laboratories, Inc. | Pharmaceutical Manufacturer | \$ 7,150 | \$ - | \$ 7,150 |
| Watson Pharma, Inc. | Pharmaceutical Manufacturer | \$ 13,150 | \$ - | \$ 13,150 |
| Wyeth | Pharmaceutical Manufacturer | \$ 140,067 | \$ - | \$ 140,067 |

| | | | |
|---------------------------------|--------------------|------------|--------------------|
| Total Commercial Support | \$1,994,093 | \$0 | \$1,994,093 |
|---------------------------------|--------------------|------------|--------------------|

| | | | | |
|------------------------------|-----------------------------|----------|------|----------|
| Consulting Support | | | | |
| Forest Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 2,000 | \$ - | \$ 2,000 |

| | | | |
|---------------------------------|----------------|------------|----------------|
| Total Consulting Support | \$2,000 | \$0 | \$2,000 |
|---------------------------------|----------------|------------|----------------|

| Dues | | | | |
|---|------------------------------|----------|------|----------|
| Apothecary Products, Inc. | Medical Equipment and Device | \$ 2,500 | \$ - | \$ 2,500 |
| Abbott Laboratories | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Allergan, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Amgen | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| AstraZeneca Pharmaceuticals | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Boehringer Ingelheim Pharmaceuticals, Inc | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Eisai, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Eli Lilly and Company | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Forest Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Fougera | Pharmaceutical Manufacturer | \$ 2,500 | \$ - | \$ 2,500 |
| GlaxoSmithKline | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Mallinckrodt, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Merck & Co., Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Otsuka America Pharmaceutical, Inc | Pharmaceutical Manufacturer | \$ 1,200 | \$ - | \$ 1,200 |
| Procter and Gamble Pharmaceuticals | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Purdue Pharma LP | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| sanofi-aventis | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Sucampo Pharmaceuticals, Inc | Pharmaceutical Manufacturer | \$ 1,200 | \$ - | \$ 1,200 |
| UCB Pharma, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| UDL Laboratories, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Wyeth | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |

| | | | |
|-------------------|-----------------|------------|-----------------|
| Total Dues | \$99,200 | \$0 | \$99,200 |
|-------------------|-----------------|------------|-----------------|

| Educational Support | | | | |
|---|----------------------------------|------------|-----------|------------|
| Medical Communications Media, Inc. | Medical Education Communications | \$ 56,500 | \$ | \$ 56,500 |
| Amgen | Pharmaceutical Manufacturer | \$ 48,875 | \$ 30,375 | \$ 18,500 |
| Bristol-Myers Squibb Company | Pharmaceutical Manufacturer | \$ 23,500 | \$ - | \$ 23,500 |
| Eisai, Inc. | Pharmaceutical Manufacturer | \$ 10,000 | \$ - | \$ 10,000 |
| Forest Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 23,500 | \$ - | \$ 23,500 |
| Johnson & Johnson Health Care Systems, Inc. | Pharmaceutical Manufacturer | \$ 100,000 | \$ - | \$ 100,000 |
| Merck & Co., Inc. | Pharmaceutical Manufacturer | \$ 52,500 | \$ - | \$ 52,500 |

**American Society of Consultant Pharmacists
2008 Funding by Support Type**

| Company Name | Company Type | Amount Received | Third-Party Payments * | ASCP Net Revenue |
|--|-----------------------------|------------------------|-------------------------------|-------------------------|
| Novo Nordisk Inc. | Pharmaceutical Manufacturer | \$ 212,484 | \$ 142,984 | \$ 69,500 |
| Ortho Biotech | Pharmaceutical Manufacturer | \$ 67,000 | \$ - | \$ 67,000 |
| Ortho-McNeil Pharmaceuticals | Pharmaceutical Manufacturer | \$ 18,500 | \$ - | \$ 18,500 |
| Pfizer Inc. | Pharmaceutical Manufacturer | \$ 482,440 | \$ 440,940 | \$ 41,500 |
| sanofi-aventis | Pharmaceutical Manufacturer | \$ 42,000 | \$ - | \$ 42,000 |
| Takeda Pharmaceuticals North America, Inc. | Pharmaceutical Manufacturer | \$ 1,822,327 | \$ 1,564,739 | \$ 257,588 |
| TAP Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 22,000 | \$ - | \$ 22,000 |
| UCB Pharma, Inc. | Pharmaceutical Manufacturer | \$ 23,500 | \$ - | \$ 23,500 |
| Total Educational Support | | \$3,005,126 | \$2,179,038 | \$826,088 |
| General Sponsorship Support | | | | |
| Amgen | Pharmaceutical Manufacturer | \$ 15,575 | \$ - | \$ 15,575 |
| Boehringer Ingelheim Pharmaceuticals, Inc | Pharmaceutical Manufacturer | \$ 6,000 | \$ - | \$ 6,000 |
| Eisai, Inc. | Pharmaceutical Manufacturer | \$ 25,000 | \$ - | \$ 25,000 |
| sanofi-aventis | Pharmaceutical Manufacturer | \$ 10,000 | \$ - | \$ 10,000 |
| Total General Sponsorship Support | | \$56,575 | \$0 | \$56,575 |
| TOTAL SUPPORT | | \$5,156,994 | \$2,179,038 | \$2,977,956 |

* ASCP was prime recipient of grant funds and payments were made to third-party partners as part of contractual obligation.

**American Society of Consultant Pharmacists
2009 Funding by Support Type**

| Company Name | Company Type | Amount Received | Third-Party Payments * | ASCP Net Revenue |
|---|------------------------------|-----------------|------------------------|------------------|
| Commercial Support | | | | |
| Abbott Laboratories | Pharmaceutical Manufacturer | \$ 16,500 | \$ - | \$ 16,500 |
| Accu - flo by Creative Strategies | Medical Equipment and Device | \$ 6,500 | \$ - | \$ 6,500 |
| Amerifit Brands | Pharmaceutical Manufacturer | \$ 3,900 | \$ - | \$ 3,900 |
| Amgen | Pharmaceutical Manufacturer | \$ 38,312 | \$ - | \$ 38,312 |
| Anda, Inc. | Pharmaceutical Manufacturer | \$ 24,800 | \$ - | \$ 24,800 |
| ASHP Advantage | Medical Education Companies | \$ 4,412 | \$ - | \$ 4,412 |
| Astellas Pharma US, Inc | Pharmaceutical Manufacturer | \$ 3,900 | \$ - | \$ 3,900 |
| AstraZeneca | Pharmaceutical Manufacturer | \$ 54,341 | \$ - | \$ 54,341 |
| Biocodex Inc. | Pharmaceutical Manufacturer | \$ 6,200 | \$ - | \$ 6,200 |
| Boehringer Ingelheim Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 62,150 | \$ - | \$ 62,150 |
| Breckenridge Pharmaceutical, Inc. | Pharmaceutical Manufacturer | \$ 2,950 | \$ - | \$ 2,950 |
| Covidien-Mallinckrodt | Pharmaceutical Manufacturer | \$ 5,800 | \$ - | \$ 5,800 |
| Cubist Pharmaceuticals | Pharmaceutical Manufacturer | \$ 39,324 | \$ - | \$ 39,324 |
| Dey, L.P. | Pharmaceutical Manufacturer | \$ 10,550 | \$ - | \$ 10,550 |
| Eisai Inc. | Pharmaceutical Manufacturer | \$ 28,400 | \$ - | \$ 28,400 |
| Eli Lilly and Company | Pharmaceutical Manufacturer | \$ 68,950 | \$ - | \$ 68,950 |
| Endo Pharmaceuticals Inc. | Pharmaceutical Manufacturer | \$ 4,050 | \$ - | \$ 4,050 |
| Eurand Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 3,200 | \$ - | \$ 3,200 |
| Forest Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 184,864 | \$ - | \$ 184,864 |
| Genetco, Inc. | Pharmaceutical Manufacturer | \$ 6,100 | \$ - | \$ 6,100 |
| GlaxoSmithKline | Pharmaceutical Manufacturer | \$ 57,250 | \$ - | \$ 57,250 |
| Healthpoint, Ltd. | Pharmaceutical Manufacturer | \$ 3,750 | \$ - | \$ 3,750 |
| Hi-Tech Pharmacal | Pharmaceutical Manufacturer | \$ 8,614 | \$ - | \$ 8,614 |
| HS Pharmaceuticals, LLC | Pharmaceutical Manufacturer | \$ 2,750 | \$ - | \$ 2,750 |
| Johnson & Johnson Health Care Systems, Inc. | Pharmaceutical Manufacturer | \$ 89,600 | \$ - | \$ 89,600 |
| Masters Pharmaceutical, Inc | Pharmaceutical Manufacturer | \$ 5,000 | \$ - | \$ 5,000 |
| Merck & Co., Inc. | Pharmaceutical Manufacturer | \$ 40,955 | \$ - | \$ 40,955 |
| Mylan Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 48,631 | \$ - | \$ 48,631 |
| Novartis Pharmaceuticals Corporation | Pharmaceutical Manufacturer | \$ 12,000 | \$ - | \$ 12,000 |
| Novo Nordisk Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 55,250 | \$ - | \$ 55,250 |
| Ortho-McNeil Pharmaceuticals | Pharmaceutical Manufacturer | \$ 20,274 | \$ - | \$ 20,274 |
| Paddock Laboratories, Inc. | Pharmaceutical Manufacturer | \$ 3,375 | \$ - | \$ 3,375 |
| Pamlab, LLC | Pharmaceutical Manufacturer | \$ 6,700 | \$ - | \$ 6,700 |
| Pfizer Inc. | Pharmaceutical Manufacturer | \$ 77,506 | \$ - | \$ 77,506 |
| PriCara | Pharmaceutical Manufacturer | \$ 21,651 | \$ - | \$ 21,651 |
| Procter & Gamble Pharmaceuticals | Pharmaceutical Manufacturer | \$ 5,650 | \$ - | \$ 5,650 |
| Roche | Pharmaceutical Manufacturer | \$ 18,750 | \$ - | \$ 18,750 |
| sanofi-aventis | Pharmaceutical Manufacturer | \$ 110,713 | \$ - | \$ 110,713 |
| Stevens, Blair & Company | Medical Education Companies | \$ 2,600 | \$ - | \$ 2,600 |
| Sucampo Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 5,850 | \$ - | \$ 5,850 |
| Takeda Pharmaceuticals North America, Inc. | Pharmaceutical Manufacturer | \$ 11,532 | \$ - | \$ 11,532 |
| TEVAPharmaceuticals USA | Pharmaceutical Manufacturer | \$ 7,200 | \$ - | \$ 7,200 |
| TOP RX, Inc | Pharmaceutical Manufacturer | \$ 2,600 | \$ - | \$ 2,600 |
| UCB Pharma, Inc. | Pharmaceutical Manufacturer | \$ 64,451 | \$ - | \$ 64,451 |
| UDL Laboratories, Inc. | Pharmaceutical Manufacturer | \$ 5,800 | \$ - | \$ 5,800 |
| Upsher-Smith Laboratories, Inc. | Pharmaceutical Manufacturer | \$ 7,350 | \$ - | \$ 7,350 |
| Victory Pharma | Pharmaceutical Manufacturer | \$ 3,900 | \$ - | \$ 3,900 |
| Watson Pharma, Inc. | Pharmaceutical Manufacturer | \$ 13,550 | \$ - | \$ 13,550 |
| Wyeth | Pharmaceutical Manufacturer | \$ 110,557 | \$ - | \$ 110,557 |

**American Society of Consultant Pharmacists
2009 Funding by Support Type**

| Company Name | Company Type | Amount Received | Third-Party Payments * | ASCP Net Revenue |
|--------------|--------------|-----------------|------------------------|------------------|
|--------------|--------------|-----------------|------------------------|------------------|

| | | | | |
|---------------------------------|--|--------------------|------------|--------------------|
| Total Commercial Support | | \$1,399,012 | \$0 | \$1,399,012 |
|---------------------------------|--|--------------------|------------|--------------------|

| | | | | |
|---|----------------------------------|------------|------------|------------|
| Educational Support | | | | |
| Medical Communications Media, Inc. | Medical Education Communications | \$ 62,750 | \$ - | \$ 62,750 |
| Astellas Pharma US, Inc | Pharmaceutical Manufacturer | \$ 23,000 | \$ - | \$ 23,000 |
| Endo Pharmaceuticals | Pharmaceutical Manufacturer | \$ 10,000 | \$ - | \$ 10,000 |
| Forest Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 46,500 | \$ - | \$ 46,500 |
| Johnson & Johnson Health Care Systems, Inc. | Pharmaceutical Manufacturer | \$ 100,000 | \$ - | \$ 100,000 |
| Merck & Co., Inc. | Pharmaceutical Manufacturer | \$ 7,500 | \$ - | \$ 7,500 |
| Novo Nordisk Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 219,530 | \$ 153,030 | \$ 66,500 |
| Ortho-McNeil Pharmaceuticals | Pharmaceutical Manufacturer | \$ 43,500 | \$ - | \$ 43,500 |
| sanofi-aventis | Pharmaceutical Manufacturer | \$ 23,000 | \$ - | \$ 23,000 |
| Takeda Pharmaceuticals North America, Inc. | Pharmaceutical Manufacturer | \$ 600,504 | \$ 521,004 | \$ 79,500 |

| | | | | |
|----------------------------------|--|--------------------|------------------|------------------|
| Total Educational Support | | \$1,136,284 | \$674,034 | \$462,250 |
|----------------------------------|--|--------------------|------------------|------------------|

| | | | | |
|------------------------------------|-----------------------------|-----------|------|-----------|
| General Sponsorship Support | | | | |
| Amgen | Pharmaceutical Manufacturer | \$ 15,757 | \$ - | \$ 15,757 |
| Eisai, Inc. | Pharmaceutical Manufacturer | \$ 45,000 | \$ - | \$ 45,000 |

| | | | | |
|--|--|-----------------|------------|-----------------|
| Total General Sponsorship Support | | \$60,757 | \$0 | \$60,757 |
|--|--|-----------------|------------|-----------------|

| | | | | |
|---|------------------------------|----------|------|----------|
| Dues | | | | |
| Amgen | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Apothecary Products, Inc. | Medical Equipment and Device | \$ 2,500 | \$ - | \$ 2,500 |
| Boehringer Ingelheim Pharmaceuticals Inc. | Pharmaceutical Manufacturer | \$ 6,100 | \$ - | \$ 6,100 |
| Eisai, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Eli Lilly and Company | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Forest Pharmaceuticals, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Fougera | Pharmaceutical Manufacturer | \$ 2,500 | \$ - | \$ 2,500 |
| GlaxoSmithKline | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Mallinckrodt, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| Purdue Pharma LP | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |
| UDL Laboratories, Inc. | Pharmaceutical Manufacturer | \$ 5,400 | \$ - | \$ 5,400 |

| | | | | |
|-------------------|--|-----------------|------------|-----------------|
| Total Dues | | \$54,300 | \$0 | \$54,300 |
|-------------------|--|-----------------|------------|-----------------|

| | | | | |
|----------------------|--|--------------------|------------------|--------------------|
| TOTAL SUPPORT | | \$2,650,353 | \$674,034 | \$1,976,319 |
|----------------------|--|--------------------|------------------|--------------------|

* ASCP was prime recipient of grant funds and payments were made to third-party partners as part of contractual obligation.

17. Educational Needs Assessment

17.1. Policy:

The EAD shall regularly assess educational needs by involving members of the pharmacist audience in the needs assessment process. Alternative methods of needs assessment shall also be employed to determine future CE topics pertinent to the contemporary and evolving practice of pharmaceutical care.

17.1.1. Procedures:

17.1.1.1 The CEA will conduct a needs assessment of ASCP members on a regular basis.

17.1.1.2 The CEA and other staff members who work to develop CPE programs will also perform additional activities in order to stay informed about the current needs of the membership.

17.1.1.3 The EAD will utilize the expertise and experience of the members of the EAC in the process of determining appropriated topics and subject matter for future CPE offerings.

17.1.1.4 Periodically, the EAD may conduct peer focus groups comprised of practitioners representative of the various sub-disciplines within pharmacy practice in order to assess the needs of these subspecialties as well and practitioners at larger.

17.1.1.5 Continuing education programs shall reflect the results of needs assessment processes by incorporating program content that addresses the expressed needs of the target audience(s).

17.1.1.6 Suggestions from participants completing each continuing education activity shall be obtained from the Program Evaluation Form, reviewed and used for the development of future program topics, venues and delivery modalities.

17.2. Policy:

The EAD use a variety of assessment activities to promote a broad balance and scope within its programming activities to assure that the needs of all its constituents are met.

17.2.1. Procedures:

17.2.1.1 In addition to the policies above, the CEA and other staff members will review the current professional literature to ascertain trends and developments within the contemporary delivery of pharmaceutical care services. Audits of professional practice may also be used to identify areas in need of strengthening

17.2.1.2 The CEA will also discuss with pharmacists from a wide variety of practice areas, audit professional practice developments and attend a variety of professional conferences dealing with the contemporary practice of pharmacy, the delivery of pharmaceutical care services and the latest developments in the delivery of adult education programs.

17.2.1.3 The ACPE Administrator shall be actively involved in developing and reviewing needs assessment tools. This includes but is not limited to: regularly developing and update needs assessment surveys, (to be sure that they address current topics in the contemporary practice of pharmacy). The CEA will also employ wherever possible current technology (e.g., internet web postings, e-mail, fax etc.) in order to gather and disseminate needs assessment information to the ASCP membership and evaluate needs assessment tools from other associations when appropriate.

18. Non-Commercialism

18.1. Policy

The CEA will be responsible for the quality, content, and utilization of instructional materials or post-program documents that are prepared with the support of outside organizations. All CPE activities will be planned and delivered independent of commercial interest. The CEA will assure that all educational programs are fairly balanced and that all information and materials are free from promotional influence and/or content.

18.1.1. Procedures

18.1.1.1 All funds received from external sources in support of continuing pharmaceutical education will be accepted only if offered without restrictions that would require the inclusion of commercial or promotional bias to program activities.

18.1.1.2 A letter of agreement will be obtained from the external source of funding for a given program that clearly delineates the roles, responsibilities, and limitations each will hold in relation to producing the educational program.

18.1.1.3 Appropriate disclosure of any significant relationship between the funding organization(s) and the program faculty will be announced during the program or provided in program materials.

18.1.1.4 The CEA will not use or allow promotional activities or materials as an integral part of the program or program materials in any manner which interferes with or interrupts the educational activity. All material to be used by faculty during a presentation will be reviewed prior to distribution as part of faculty guidance activities.

- 18.1.1.5 The CEA will assure that faculty presentations are fairly balanced and that faculty disclose any known limitations on information, including but not limited to data that represent ongoing research, interim analysis, preliminary data, or unsupported opinion. A copy of this policy will be given to all faculty as part of faculty guidance activities.
- 18.1.1.6 Each faculty member will be required to disclose any significant financial or other relationship that may cause the perception of influencing the educational activity.
- 18.1.1.7 All cosponsors will be asked to disclose any significant financial or other relationship that may cause the perception of influencing the educational activity.
- 18.1.1.8 The CEA will not allow promotion of products or services inside the classroom or in obligate pathways to educational sessions.
- 18.1.1.9 All decisions regarding CPE needs identification, learning objectives, content selection, content presentation, selection of educational methods and evaluation of learning activities shall be made independent of commercial interest.
- 18.1.1.10 A commercial interest shall never be a cosponsor of educational activities but may financially underwrite existing activities.

19. Handling Real or Potential Conflicts of Interest

19.1. Policy

ASCP will monitor activities before, during and after the educational activity occurs.

19.1.1. Procedures

19.1.1.1 ASCP will review all written materials, live presentation slides, and any electronic documents or links that are to be distributed to program participants before the activity. In the event the provider is unclear as to balance of the material, members of the ASCP Professional Development Curriculum Committee (PDCC) will be asked to review material as well.

19.1.1.2 For live programs the provider will designate an ASCP attendee to monitor the program.

19.1.1.3 Finally, the program evaluation will include a request that participants evaluate the program for bias and provide a mechanism for doing so.

19.2. Policy

ASCP will employ a procedure for handling and resolving real and potential conflicts of interest based on each faculty member completing and signing a full disclosure form.

19.2.1. Procedures

19.2.1.1 In the event that the faculty member has disclosed a conflict of interest that is truly not one (for example, they work for a company which might be perceived as a “commercial interest” but is truly not one in that it provides direct patient care) a memo to that effect will be placed in the faculty member’s file. In addition, the faculty member will be asked to execute a corrected financial disclosure form.

19.2.1.2 Faculty with true conflicts of interest and content that is judged by ASCP (or its peer review body, the Professional Development Curriculum Committee) to evidence bias related to that influence will be replaced with faculty that do not have conflicts of interest.

19.2.1.3 Faculty with conflicts of interest and presentations that do NOT evidence bias will disclose that conflict at the beginning of their presentation so participants may develop an informed professional opinion and evaluate the presentation’s fairness and balance. If post-activity evaluations show a high degree of participant judgment of bias, the faculty member will be counseled and not used again for a period of at least 1 year. Resolution will occur within 60 days of the activity.

20. Educational Objectives

20.1. Policy:

Continuing education activities shall employ standard planning and development procedures that include written educational goals and written measurable learning objectives (for each component of the educational offering). These goals and learning objectives shall serve as the basis for

an evaluation of the attainment of specific, measurable educational outcomes and the overall effectiveness of the program.

20.1.1. Procedures:

- 20.1.1.1 The CEA shall develop or require each author/presenter to develop specific educational goals and learning objectives that relate directly to program content and expected outcomes on the part of the learner. These learning objectives may be reviewed and/or directly developed by the ACPE Administrator, EAD, or other departments within ASCP.
- 20.1.1.2 If educational objectives are not developed directly by the EAD, the CEA must ensure that the learning objectives reflect the relationship of the program topic to pharmacy practice, and that there are an appropriate number of objectives for the time allotted.
- 20.1.1.3 Faculty will be provided specific guidelines to assist in the development of active and measurable educational objectives. The learning objectives should be clearly understandable to the target audience and include identification of the activity as knowledge, application or practice-based as appropriate for the specific activity.
- 20.1.1.4 Educational learning objectives will be appropriate to the learning type (knowledge, application or practice-based) including use of the appropriate type specific verbs.
- 20.1.1.5 As a guideline, two (2) learning objectives are expected for a fifteen (15) minute activity and four or five (4-5) learning objectives are expected for a one hour activity.
- 20.1.1.6 Faculty will be required to provide specific and measurable educational objectives pertaining to program content and expected learner outcomes at least four weeks prior to the presentation date.
- 20.1.1.7 The CEA or qualified designee will review goals and objectives for each educational offering for appropriate content and targeted, behavioral educational outcomes expected on the part of the learner. When necessary, guidance and direction will be offered to the faculty to clarify terminology and strengthen expected educational outcomes.

21. Topic Development

21.1. Policy:

Each continuing education activity shall be designed to explore one subject or group of closely related subjects that are pertinent to the contemporary practice of pharmacy and be well balanced in presentation. If the program involves multiple components, such as a lecture series or topical monograph, all segments of the program shall be integrally related to the general subject or theme of the program.

21.1.1. Procedures:

- 21.1.1.1 Topics and subject matter that are selected should be identified through an appropriate needs assessment process.
- 21.1.1.2 The EAD will develop continuing education topics which are sequenced to provide learners with a well-coordinated and thorough educational experience.
- 21.1.1.3 Topics should be related to the contemporary practice of pharmacy and consistent with the findings of recent needs assessment surveys or other assessment tools.
- 21.1.1.4 Emphasis on actively involving the participant in the learning process will be stressed.
- 21.1.1.5 Learners are encouraged to preview all program promotional materials prior to selecting the appropriate program content that meets their particular educational needs.

22. Instructional Material

22.1. Policy:

All educational and supportive materials shall be appropriate and germane to program content and be of suitable technical quality. Supportive materials shall be written and presented in a clear and concise manner to assure that the learner's educational experience is enhanced by use of these materials. All supportive educational materials must meet the ACPE Criteria for Quality and be relevant to the contemporary practice of pharmacy and non-commercial in nature.

22.1.1. Procedure:

- 22.1.1.1 All presenters/authors will be required to present supportive instructional materials to the appropriate program planner(s) and/or the CEA in sufficient time to allow for adequate review prior to use with the intended audience.
- 22.1.1.2 Any materials used in a previous program or originally intended for a general audience will be carefully scrutinized and modified for use with the intended pharmaceutical audience. All modified instructional materials must be germane to both the specific learning objectives of the program and the contemporary practice of pharmaceutical care.
- 22.1.1.3 If a continuing education program is comprised of multiple presentations, a suitable syllabus and/or program outline will be developed and made available to participants at the beginning of each CPE program. All syllabi and program outlines will be reviewed by the program planner(s) and/or the CEA prior to use with the intended audience.
- 22.1.1.4 At the beginning of any CPE program, participants will be given a program binder which contains:
 - The program outline or agenda

- A list of Faculty and their professional affiliations and credentials
 - The educational objectives of the program
 - Space for note taking and comments
 - References and further resource information
 - Supplemental information, diagrams, charts, graphics etc., relevant to the topics being presented
- 22.1.1.5 All supplemental educational materials must be of suitable, professional quality for the media used.
- 22.1.1.6 The selection/use of specific technical media to present supplemental educational materials shall be based upon its relative advantage in enhancing the participants learning experience.
- 22.1.1.7 The CEA or her qualified designee, shall review all program offerings for relevancy and timeliness on a continual basis. Any program content deemed to be significantly affected by changes in contemporary practice techniques, clinical research/discoveries or other important changes in the delivery of pharmaceutical care, shall be modified in a timely manner.
- 22.1.1.8 All ongoing lecture series and enduring materials must undergo a thorough review for relevancy to the contemporary practice of pharmacy once every three years (or more frequently if practice conditions warrant such a review).

23. Instructional Delivery Methods

23.1. Policy:

The methods of delivery utilized in an educational program shall be determined by giving appropriate consideration to such factors as the nature of the educational content, learning objectives, size and composition of the audience, physical facilities, specific skills an/or limitations and learning needs of the target audience.

23.1.1. Procedure:

23.1.1.1 Instructional delivery may include any one or more of the following formats: didactic instruction, discussion (small and large group), question and answer periods, case study presentations, workshops, breakout sessions, panel discussions, skills based interactive activities, correspondence or other home study programs, audio, video, CD-ROM or other electronically based instruction and internet based learning experiences.

23.1.1.2 Whenever possible, consideration will be given to the specific learning style preferences of the intended target audience.

24. Participant Involvement in Learning

24.1. Policy:

ASCP will encourage all presenters to design learning experiences that involve active participation on the part of the learner. To the extent possible each learning experience should include at least some element of interactive involvement on the part of the learner and be an integral part of the educational experience.

24.1.1. Procedures:

24.1.1.1 Live program format may include but not be limited to any of the following interactive learning modalities:

- Patient management case studies
- Problem solving activities
- Manipulation of equipment, software or data
- Simulation exercises/role playing
- Structured question and answer sessions
- Panel discussions
- Preparation of materials or laboratory exercises
- Small group discussions and report-to-group exercises
- Interactive workshop sessions
- Interactive computer programs
- Development/sharing of original or personal experiences

24.1.1.2 Home study and mediated instruction may include but not be limited to any of the following interactive learning modalities:

- Pre-testing with feedback
- Interim quizzes with answers provided
- Data manipulation exercises
- Problem solving and
- Post testing procedures involving active participation on the part of the learner

25. Facilities Matched to Content and Method

25.1. Policy:

The ACPE Administrator, in conjunction with the Meetings Department Director, will assure that the selected meeting facilities are appropriate and conducive to adult learning experience. Facilities utilized for continuing education programs shall be appropriate and adequately equipped for effective delivery of educational materials in order to meet the stated educational objectives and expectations of the learner.

25.1.1. Procedure:

25.1.1.1 The CEA either in person or by delegation to the appropriate meeting planners, shall select facilities that provide adequate space, lighting, seating, writing surfaces, environmental controls, and break areas to assure appropriate delivery of educational materials and comfort of all

participants. Special attention will be given to assessing physical facilities that maximize the educational experience and minimize any distractions. Catering services, if used, shall be appropriate for the setting and accurately described in the promotional literature.

- 25.1.1.2 Prospective participants for home study will be advised in promotional literature of any equipment not provided in the educational materials that will be needed to complete the goals of the educational experience.

25.2. Policy

The meeting planner(s) shall assure the availability of required sound systems and/or supportive audiovisual equipment. All equipment shall be appropriate for the task, in good working condition and well maintained.

25.2.1. Procedure

- 25.2.1.1 Careful checks of equipment functionality will be made well in advance of each meeting and again one hour prior to the first presentation.
- 25.2.1.2 The exact audiovisual requirements for each presentation, including staging, ancillary electrical equipment such as slide projector carousels, extension cords, laser pointers, type of microphone etc. will be submitted by each speaker in writing to program planners, well in advance of the program.
- 25.2.1.3 EAD will discuss the use of audiovisual equipment with presenters in order to assure precise communication and delivery of required equipment and technical support services.
- 25.2.1.4 EAD will contract with trained, professional resource personnel to be available to operate and adjust equipment on-site and provide for efficient replacement bulbs, sound equipment, wiring, etc., as needed during the program.

26. Facilities Matched to Audience and Objectives

26.1. Policy:

The EAD will use facilities that are carefully selected for appropriate size for expected audience in order to assure adequate comfort in the delivery of educational materials, and assure attainment of educational goals and objectives.

26.1.1. Procedures:

- 26.1.1.1 The CEA or designee will select only those facilities which are of appropriate size and style to assure adequate delivery of educational materials to the expected target audience.
- 26.1.1.2 CEA and/or Meetings Department staff must have a working knowledge of and experience in the selection of appropriate meeting

venues, consistent with audience size, educational background, learning preferences, type of material being presented, location, etc.

27. Learning Assessment

27.1. Policy:

Each continuing education program shall have an integral learning assessment component to assure adequate assessment of each participant's personal learning objectives.

27.1.1. Procedures:

27.1.1.1 Ample opportunity shall be provided to each participant to assess his/her attainment of personal goals and expected educational outcomes based upon the program objectives and the participant's involvement in the learning process.

27.1.1.2 Evaluation mechanisms may vary depending upon the length of the program, type of educational materials presented, the manner of presentation, the educational experience, skills and background of the learners.

27.1.1.3 Assessment procedures must be based upon stated educational goals and specific learning established for that program.

27.1.1.4 Objectives which require the submission of written or verbal responses for evaluation or grading will be stated in writing in the promotional literature and reiterated in the announcements at the beginning of the program.

27.2. Policy:

In order to maximize the learning experience, feedback will be provided to participants for all learning assessment exercises in a constructive and professional manner. This feedback should be provided with an indication of correct answers and solutions. Supplemental information, explanations, or discussion of answers are considered important and will be most useful if provided to participants immediately after completion of the learning assessment exercises.

27.2.1. Procedures:

27.2.1.1 Assessment activities may include, but not be limited to, any combination of the following:

- Case study presentations with audience participation
- Large group, small group, breakout and panel discussions
- Pre and post testing with analysis of correct responses
- Direction discussion sessions and audience questions and answers period with expert responses
- Group projects and reporting
- Written evaluations and/or reports

- Role playing and audience simulations and
- Evaluation of physical manipulation of equipment or data with criterion based outcomes

27.2.1.2 Question and answer sessions shall be structured to be germane to program topics and promote learning assessment of stated program educational goals and objectives.

27.2.1.3 Learning assessment activities should be taken into consideration when determining the amount of credit to award.

27.2.1.4 Test items or other learning documentation activities should be designed to go beyond the simple recall of facts and seek to demonstrate learning with an emphasis on integration and utilization of knowledge in professional practice.

28. Program Evaluation

28.1. Policy

A program evaluation component will be developed and implemented for each continuing education program. All participants should have the opportunity to evaluate the quality of each CPE program in which they participate.

28.1.1. Procedure

28.1.1.1 Educationally sound methods should be used

28.1.1.2 Evaluative data should be used for continually assessing and improving CPE offerings.

28.1.1.3 Key components of program quality should be monitored and evaluated, including participant satisfaction, instructor effectiveness, and topic appropriateness.

28.1.1.4 The program evaluation should be modified as needed to assure the utility of the data.

29. Glossary

ASCP – American Society of Consultant Pharmacists

CEA – Continuing Education Administrator

CPE – Continuing Pharmaceutical Education

EAD – Educational Affairs Department

PDCC - Professional Development Curriculum Committee [formerly known as the Education Advisory Committee (EAC)].

ASCP Policies for Accepting Industry Funding (Tab 2)

Documents Produced

- 1) ASCP Policies and Procedures for Continuing Pharmaceutical Education
- 2) ASCP Policies and Procedures for Continuing Pharmaceutical Education – Draft for Review and Comment, 12-10-09
- 3) ACPE Letter to Patricia D'Antonio, Director of Educational Affairs, ASCP and ACPE Accreditation Action and Recommendations After Review of a Petition for Continued Accreditation, January 2008
- 4) ASCP's ACPE Certificate of Accreditation, January 31, 2008
- 5) Accreditation Council for Pharmacy Education, Accreditation Standards for Continuing Pharmacy Education, effective January 1, 2009
- 6) ACPE, Standard 5: Standards for Commercial Support (SCS)
- 7) ACPE Accreditation Standards for Continuing Pharmacy Education (CPE) Guidelines for Standards for Commercial Support – CPE Standard 5, August 2008

American Society of Consultant Pharmacists

Policies and Procedures for Continuing Pharmaceutical Education

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1. Administrative Responsibility

1.1. Policy

The ACPE Administrator has full authority to assure full compliance of all programs for which continuing pharmaceutical education (CPE) credit is offered and is readily accessible.

1.1.1. Procedures

1.1.1.1 The Continuing Education Administrator (CEA) will be the Director of the Educational Affairs Department (EAD)

1.1.1.2 The Educational Affairs Department will consist of a Director and appropriate and adequate support staff.

1.1.1.3 Duties and responsibilities for the Director and other EAD staff will be established and delineated in formal job descriptions.

1.2. Policy

The mission of the Educational Affairs Department will coordinate with and complement that of the Society.

1.2.1. Procedures

1.2.1.1 A mission statement for the department will be developed and reviewed annually by the CEA and the Education Advisory Committee (EAC).

1.2.1.2 Changes to the mission statement will be made by consensus.

1.3. Policy

In the event of an administrative change, there shall be a smooth and orderly transition of administrative responsibilities.

1.3.1. Procedure

1.3.1.1 The current CEA administrator will notify ACPE of the change immediately.

1.3.1.2 Incoming CEA will review policies, procedures, and ACPE quality criteria and interpretive guidelines.

1.3.1.3 Incoming CEA will participate in ACPE's new administrator workshop within 12 months of appointment.

1.3.1.4 ASCP will provide a training period with EAD staff, and when possible, outgoing CEA.

1.4. Policy

When working with other departments for the development, distribution and/or presentation of CPE, the CEA assumes full responsibility for assurance that all ACPE quality criteria are met and reserves the right to accept or deny a program for CPE.

1.4.1. Procedure

- 1.4.1.1 All requests made as early as possible in the planning process to allow for cooperative planning with the EAD. Requests later than 45 days will not be accepted.
- 1.4.1.2 A meeting between the organizing department and the CEA, or designee, will be held to determine the duties of each department, including responsibilities and timetables.
- 1.4.1.3 All program-related information, including program announcements, handouts, and visual aids, must be reviewed and approved by the CEA or designee before printing and distribution. This includes, but is not limited to print, electronic and facsimile transmissions.
- 1.4.1.4 Any changes to a program after the accreditation review process must be reevaluated. The program will not be offered until the program has been reevaluated.

2. **Administrator qualifications**

2.1. Policy

The CEA and support staff shall be qualified by virtue of background, education, training and/or expertise.

2.1.1. Procedure

- 2.1.1.1 CEA will have a degree in pharmacy.
- 2.1.1.2 CEA and support staff will have a background in adult and/or continuing pharmacy education through experience or education.
- 2.1.1.3 CEA will possess or develop an understanding of current trends and issues in pharmaceutical education.
- 2.1.1.4 CEA will possess or develop skills related to educational development and design, including but not limited to program faculty selection, program budget preparation, record-keeping, and a general familiarity with senior care pharmacy practice.
- 2.1.1.5 CEA will attend the biannual ACPE meeting.

3. **Cosponsorship with non-ACPE-approved providers**

3.1. Policy

When working with a non-ACPE-approved provider for the development, distribution and/or presentation of CPE, the CEA assumes full responsibility for assurance that all ACPE quality criteria are met and reserves the right to accept or deny a program for cosponsorship.

3.1.1. Procedure

- 3.1.1.1 All requests must be made in writing using the cosponsorship application form. Form must be complete.
- 3.1.1.2 Requests should be made as early as possible in the planning process to allow for cooperative planning with ASCP. No forms will be accepted later than 45 days before the date of the program.
- 3.1.1.3 An agreement designating the duties of each party shall be executed and signed. These agreements will formally outline all duties and responsibilities, timetables and penalties for failure to comply.
- 3.1.1.4 A liaison from the non-ACPE-approved provider will be assigned to work with the CEA or designee to assure compliance with all aspects of the executed agreement.
- 3.1.1.5 The CEA will be responsible for assuring that all activities of the non-ACPE approved provider are appropriate and adhere to the ACPE quality criteria.
- 3.1.1.6 All program-related information, including program announcements, handouts, and visual aids, must be reviewed and approved by CEA or designee before printing and distribution. This includes, but is not limited to print, electronic and facsimile transmissions.
- 3.1.1.7 At least one member of the EAC will attend each cosponsored program when possible.
- 3.1.1.8 Any changes to a program after the accreditation review process must be reevaluated. The program will not be offered until the program has been resubmitted and reevaluated.
- 3.1.1.9 The CEA shall impose formal sanctions upon the non-ACPE-approved provider when deemed appropriate. This may include the dissolution of all current agreements and future cosponsorship relationships. Since it would be considered punitive for the individual participants, the CEA will make every effort to avoid the withdrawal of the commitment to provide accreditation and distribute statements of credit.

3.2. Policy

Submission of appropriate program documents does not automatically guarantee course accreditation.

3.3. Policy

When educational services or materials are purchased or acquired externally, the CEA assumes full responsibility for compliance with ACPE quality criteria.

3.3.1. Procedure

3.3.1.1 An agreement designating the responsibilities and expectations of the CEA and the other party will be executed and signed. These agreements will formally outline all duties and responsibilities, timetables and penalties for failure to comply.

3.3.1.2 All program materials must be reviewed and approved by the CEA or designee before printing and distribution.

3.4. Policy

The EAD shall have full and complete access to program-related information as may be required for future program development and improvement, including but not limited to needs assessment, final budget, final instructional materials, completed evaluations and learning assessments.

3.4.1. Procedure

3.4.1.1 All program-related information will be forwarded to the CEA within 30 days of the completion of the program.

3.5. Policy

When external financial support is received in whole or in part for continuing education activities, the CEA is responsible for assuring compliance with the ACPE quality criteria.

3.5.1. Procedure

3.5.1.1 CEA will comply with the FDA guidelines for industry-supported medical education and ACPE quality criteria.

3.5.1.2 CEA will impose formal sanctions when deemed appropriate, including withdrawal of accreditation.

4. Cosponsorship with ACPE-approved providers

4.1. Policy

When the CEA chooses to work with another ACPE-approved provider for the development, distribution, and/or presentation of continuing pharmaceutical education programs, responsibility for compliance with the ACPE quality criteria will be held jointly.

4.1.1. Procedures

- 4.1.1.1 An agreement documenting the duties of each approved provider shall be executed and signed. These agreements will formally outline all duties and responsibilities, timetables and penalties for failure to comply.
- 4.1.1.2 The duties and responsibilities of each party will be identified and documented early in the planning stage.
- 4.1.1.3 Each party shall forward all program-related information to the other party within 30 days of completion of the program.

5. Program announcement literature

5.1. Policy

The promotion and advertising of each continuing education activity shall be conducted in a responsible fashion, providing adequate advance information for the participant to make an informed decision. This includes all marketing media including, but not limited to print, electronic, and facsimile transmission.

5.1.1. Procedures

- 5.1.1.1 Advance information shall be provided to all prospective participants at least three weeks before the program date.
- 5.1.1.2 Promotional materials should clearly and explicitly include key information, including:
 - Educational goals and specific learning objectives of the particular program.
 - Nature of the target audience that may best benefit from participation in the program.
 - Faculty members and their credentials.
 - Fees for the program and a clear statement of the items that are and are not covered by those fees, as well as any applicable deadlines for pre-program cancellations and fee refunds.
 - Agenda for educational activities.
 - Amount of CE credit, specified in contact hours or CEUs, that can be earned through participation in and successful completion of the program.
 - The following statement used in close conjunction with the official ACPE logo:

“The American Society of Consultant Pharmacists is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education.”

- The ACPE Universal Program Number assigned to the program by ASCP
 - A full description of all requirements established for successful completion of the CE program.
 - Acknowledgment outside financial support for any component of the educational activity
 - The initial release date for ongoing programs.
- 5.1.1.3 The sessions being offered as continuing pharmaceutical education sessions for credit should be clearly identified where educational and non-educational sessions are planned.
- 5.1.1.4 A statement should be incorporated into the promotional materials indicating when and how a participant may expect to receive a statement of credit.

6. Continuing education credit

6.1. Policy

ASCP will adhere to a uniform quantitative system of measurement for continuing education credit based on the contact hour and the CEU. The number of contact hours to be awarded for participation and successful completion for a given program shall be determined in advance of the offering.

6.1.1. Procedure

- 6.1.1.1 In cases where the method of delivery does not lend itself to straightforward and direct translation into contact hours, a determination of the amount of education credit which may be awarded will be made by realistically appraising the amount of time required for participants to successfully complete the program.
- 6.1.1.2 Web-based education derived from live programs will be awarded the same amount of credit as the live program.
- 6.1.1.3 The amount of credit for home study programs, e.g., *Clinical Consult* and *Supplements to The Consultant Pharmacist*, will be determined using the Mergener formula (published in *The American Journal of Pharmaceutical Education*).

6.1.1.4 Alternate methods of determining credit may include, but not be limited to:

- Assessing the amount of time the activity would require if it were delivered in a more formal and structured live program format.
- Pilot testing the activity with a group of pharmacists who are representative of the target audience and ascertaining the mean

average length of time for completion for only those participants who successfully complete the program.

- A determination by an advisory panel, consisting of individuals qualified by experience and training in the development and administration of continuing pharmaceutical education.

6.1.1.5 In all instances, the provider should be conservative in the determination of the amount of credit to be awarded for successful completion of continuing pharmaceutical education programs.

6.1.1.6 The minimum unit of credit which may be awarded for any single continuing pharmaceutical education program is one contact hour (0.1 CEU).

6.1.1.7 The amount of time taken to complete evaluation activities may be taken into consideration in the overall determination of the amount of credit to be awarded for successful completion of each continuing pharmaceutical education program.

7. Record keeping

7.1. Policy

ASCP will maintain and assure the availability of records adequate to serve the needs of the participants and others requiring such information.

7.1.1. Procedure

7.1.1.1 Records of participation and credit awarded should be kept for a minimum period of five years.

7.1.1.2 Full documentation of program-related materials and information, adequate to providing evidence of compliance with the quality criteria and guidelines, should be retained and be fully accessible to the approved provider.

7.1.1.3 Records will be maintained in a computerized database that is archived and backed up at least weekly.

8. Statements of credit

8.1. Policy

ASCP will award a statement of credit to each participant upon successful completion of the continuing education activity.

8.1.1. Procedure

8.1.1.1 All statements of credit will include the following informational items:

- The name of the participant.
- The title and date(s) of the program
- The approved provider sponsoring or cosponsoring the program.
- The official ACPE logo.
- The amount of credit awarded.
- The assigned ACPE Universal Program Number
- The dated certifying signature of the administrator responsible for the approved provider's continuing pharmaceutical education activities.
- A single and unique program number will be assigned to each unique program (example: 203-000-01-001-H01).

8.1.1.2 Duly completed and signed statements will be distributed only following the completion of the program. Duplicate or replacement statements will be clearly marked as "Duplicate Copy".

8.1.1.3 Partial credit will not be awarded.

8.1.1.4 ASCP will utilize controls to assure the validity of statements for participants.

8.1.1.5 For live programs the procedure for documenting participation includes a completed program evaluation and the participant's signature certifying attendance.

8.1.1.6 For home study and other mediated instructional approaches, statements of credit will be mailed to participants upon receipt of the evaluation form and successful completion (at least 70% correct) of the program assessment questions listed on the testing form.

9. Grievance policy and procedures

9.1. Policy

ASCP will assure that all participants are offered a means to voice complaints and seek resolution of problems through a standard policy and procedure.

9.1.1. Procedure

9.1.1.1 All grievances relating to continuing education programs accredited by ASCP will be requested to be made in writing to the Administrator within 90 days of the completion of the activity.

9.1.1.2 The Administrator will make every effort to resolve the issue informally.

- 9.1.1.3 In cases when the Administrator does not or cannot satisfactorily resolve the issue, the Administrator will prepare a report in writing for review by the Education Advisory Committee (EAC). All decisions made by the EAC will be final.

10. Adequate Financial Resources

10.1. Policy

The Educational Affairs Department of ASCP will assure adequate financial resources to provide the funds necessary to meet the direct and indirect costs of planning and administering all pharmacy continuing education programs consistent with the mission and goals of the Department.

10.1.1. Procedures:

- 10.1.1.1 The CEA will establish an annual budget for the unit that addresses developmental, administrative, personnel and overhead costs associated with planning the desired number and type of CPE offerings for the year.
- 10.1.1.2 A working budget for each program or project will be established to ensure the educational goals for the program can be met while maintaining a sound fiscal balance for the Department.
- 10.1.1.3 Continuous analysis and evaluation regarding expenditures shall be routinely performed by the CEA to assess the appropriate expenditure of funds for each planned CPE project or program.

11. Identifiable Budget

11.1. Policy:

There shall be clearly identifiable financial resources allocated to the planning, development implementation of each continuing education project or program.

The CEA shall oversee the administrative functions of program development including selection and management of external resources/services associated with the planning, development and implementation of each CE project or program.

11.1.1. Procedures:

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- 11.1.1.1 An estimate of the cost of development and implementation for each CE project/program shall be established and/or reviewed by the CEA.
- 11.1.1.2 The CEA shall be responsible for reviewing all costs associated with each phase of the CE project/program. The CEA or her designee shall be responsible for processing all invoices, payments and bills associated with CE programming.

- 11.1.1.3 Any program for which a separate budget is provided may be partially or fully funded by other departments within ASCP or other outside supporting agencies. In the event that a program is partially or fully funded by other departments and/or outside agencies, the EAD shall maintain full authority to assure strict adherence to all ACPE Criteria for Quality in all aspects of program development and implementation.
- 11.1.1.4 In the event a registration fee is charged to participants, tuition fees will be assessed commensurate with the level of program content, instructional time and number of CE credits awarded. Fees shall be consistent with fair market value for programs of similar content and duration.
- 11.1.1.5 The budget for the EAD shall be developed by the CEA.
- 11.1.1.6 The CEA shall report to the Associate Executive Director (AED) regarding any significant cost overruns in program development or allocation of funding to assure quality control and proper implementation of the CE program. Continuous cost analysis will reveal any unanticipated expenses that may then be adjusted for and considered in planning future program budgets.

12. Program Faculty: Qualitative Considerations

12.1. Policy:

The CEA will assure that faculty selected for continuing education programs will have the skills, knowledge and experience necessary to meet the educational needs of the target audience.

12.1.1. Procedures:

- 12.1.1.1 The CEA retains responsibility for the selection and guidance of appropriate faculty suited to the educational needs of pharmacy practitioners as adult learners and expert in his/her chosen field of practice.
- 12.1.1.2 The CEA or her qualified designee shall assure faculty competence in the subject matter and appropriate level of experience and training for the tasks and methods of delivery of content. Methods for evaluating faculty shall include review of the submitted resume and program content materials prior to presentation of the program. Appropriate educational credentials and prior experience in the delivery of adult continuing education offerings shall also be considered in the selection of faculty. Recommendations and referrals from other individuals knowledgeable in the field, such as members of the Education Advisory Committee, professional literature reviews and academic sources, shall also be considered when seeking expertise in selected topic areas related to pharmaceutical practice.

- 12.1.1.3 The EAD requires prospective faculty presenters to complete and submit a faculty biographical outline, C.V./resume, financial relationship disclosure form, audio taping authorization agreement and an audio-visual equipment needs form. The CEA reserves the right to reject a candidate if she suspects that the candidate is not suited to the task for any reason.

13. Program Faculty: Quantitative Considerations

13.1. Policy

An appropriate number of faculty shall be selected and provided guidance in the development and delivery of CE program content and supportive materials.

13.1.1. Procedures

- 13.1.1.1 Faculty guidance is given to assist faculty in the preparation of written, measurable learning objectives for each CE program. Assistance is also provided as necessary in the development of instructional materials (handouts, visual aids, etc.), design of program evaluation instruments and assessment of participant learning.

- 13.1.1.2 The CEA or designated program planner/speaker liaison will communicate directly with faculty during the planning and development stages of the CE program or project.

- 13.1.1.3 Speaker liaisons (ASCP members) will provide guidance on member demographics, educational needs, long-term care environment, session difficulty, etc., as well as reviewing task oriented checklists to help assure careful and complete communications with faculty and facilitate full compliance with ACPE.

- 13.1.1.4 In determining the appropriate number of faculty to use for a continuing education program, the EAD considers such factors as: overall length of the program, specific program topics and content, faculty expertise and experience, delivery mode for the program, venue, attributes/limitations of the physical facilities and type and of audience.

- 13.1.1.5 The EAD will provide faculty guidance information and/or materials to each faculty participating in a CE program. Such guidance may be verbal or written background information related to the art of speaking, adult education, writing clear educational objectives, audience assessment and participation techniques and evaluation/assessment methods.

- 13.1.1.6 The EAD will provide logistical support, professional guidance and technical assistance necessary to prepare and edit educational materials.

- 13.1.1.7 The EAD will assure that each faculty receives a copy of the program evaluation form prior to and subsequent to the delivery of the presentation. Speakers will also be provided with tapes from their live programs. The presenter is encouraged to review areas of evaluation to properly prepare for and afterwards, evaluate his/her presentation. Completed Program Evaluation forms are made available to each presenter to review as a measure of program effectiveness and serve as a basis for future program development. If a speaker is considered for a subsequent presentation, past evaluations are reviewed by the CEA and any strengths and weaknesses are discussed directly with the prospective speaker.
- 13.1.1.8 Additional faculty guidance to assure development of non-commercial program content shall be provided to presenters/author as part of the faculty guidance procedures.
- 13.1.1.9 The EAD shall strive to maintain a ratio of one faculty member per maximum of two hours of didactic instruction depending on style of presenter, content and method of delivery.
- 13.1.1.10 The EAD shall strive to maintain (as is appropriate to the program) a ratio of at least one faculty member/facilitator for each 30 participants in programs utilizing interactive workshops or breakout sessions.

13.2. Policy:

The EAD will monitor its faculty selection and guidance process and make adjustments and modifications and/or target specific areas of emphasis as required to assure the ongoing improvement and quality of its continuing education offerings.

13.2.1. Procedures:

- 13.2.1.1 The Program Evaluation Form which solicits participant's assessment of faculty effectiveness shall be used to monitor the outcome(s) of the faculty selection and guidance process.
- 13.2.1.2 The CEA shall oversee the process of program evaluation. A formal process for preparing and reviewing program summary evaluation data shall be used by the CEA to assess the effectiveness of faculty guidance and selection and as a basis for continual improvement for future programs. A written Program Evaluation Summary shall be prepared for each CPE program commensurate with the level and scope of each program. Written comments from participants shall also be considered in the needs assessment process for presentation to members of the EAC and for planning future CPE offerings.
- 13.2.1.3 The CEA shall be responsible for ongoing quality improvement to assure that CPE offerings meet their stated educational objectives.

14. Staff and Other Resources

14.1. Policy:

ASCP shall provide adequate resources and staff to insure the effective development of high quality pharmacy continuing education programming commensurate with ACPE Criteria for Quality and its overall mission and goals.

14.1.1. Procedures:

- 14.1.1.1 The EAD shall have a qualified, dedicated, full time CE Administrator. The CEA shall have an administrative assistant to oversee day-to-day operations of program development and implementation.
- 14.1.1.2 The CEA shall report directly to Associate Executive Director, who shall in turn report directly to Executive Director.
- 14.1.1.3 ASCP shall provide the CEA and support staff of the EAD with appropriate financial resources, office equipment and physical office space to assure smooth and efficient operations in the development and delivery of CPE programming to its constituent members and pharmacy audiences.

14.2. Policy:

ASCP shall provide adequate support personnel to assist in all matters pertaining to the planning, development, implementation and administration of high quality CPE programming. ASCP shall also provide adequate opportunities for periodic staff training and professional development to assure continual updating of essential skills and knowledge for all key personnel.

14.2.1. Procedures:

- 14.2.1.1 The EAD shall employ one highly qualified, experienced CE Administrator who will serve as the ACPE liaison.
- 14.2.1.2 The EAD may when necessary or deemed appropriate, secure the services of outside vendors to assist in the planning, development, implementation and administration of continuing education programming.

15. Appropriate Subject Matter

15.1. Policy:

The EAD shall plan and implement continuing education programs which are of the highest caliber and pertinent to the contemporary practice of pharmaceutical care. Emphasis is placed on the development and delivery of CPE programs relating to the contemporary role of consultant pharmacists and senior care pharmacist in the delivery of pharmaceutical care services.

15.1.1. Procedures:

15.1.1.1 CPE program content shall focus on major issues affecting today's pharmaceutical practitioners and those responsible for the delivery of pharmaceutical care services. Topics include but are not necessarily limited to the following:

- Social, economic, behavioral, legal, administrative and managerial aspects of pharmaceutical practice and health care delivery.
- Biopharmaceutical and pharmacokinetic properties of drugs and dosage formulations.
- Development and clinical evaluation of new drugs, dosage forms and drug delivery systems.
- The etiology, prevalence, drug therapy and clinical management of pathogenic diseases and degenerative disorders.
- Pharmaceutical management of patient therapy and monitoring of therapeutic drug regimes.
- Legislative and regulatory information
- Other information unique to the needs of ASCP members (e.g., the practice of consultant pharmacists and senior care pharmacists).
- Additional topics related to the administration and management of patient care and the delivery of optimum pharmaceutical care and services.

15.2. Policy:

CEA shall be vigilant in its efforts to assure that all program content not specifically related to pharmaceutical practice or the delivery of pharmaceutical care, shall be materially related to the practice of pharmacy and/or the delivery of pharmaceutical care services.

15.2.1. Procedures:

15.2.1.1 Topics not inherently integral to pharmacy practice shall be presented with emphasis on their relationship to the modern practice of pharmaceutical care. Clear, pre-defined learning objectives shall be developed to link all subject matter to the contemporary practice of pharmacy.

15.2.1.2 Faculty will be provided guidance with respect to developing case studies and other methodologies that link all subject matter to the contemporary practice of pharmaceutical care.

15.2.1.3 Each presenter will be required to develop supportive educational materials and/or interactive learning exercises which clearly apply program content to the contemporary practice of pharmacy.

16. Educational Needs Assessment

16.1. Policy:

The EAD shall regularly assess educational needs by involving members of the pharmacist audience in the needs assessment process. Alternative methods of needs assessment shall also be employed to determine future CE topics pertinent to the contemporary and evolving practice of pharmaceutical care.

16.1.1. Procedures:

16.1.1.1 The CEA will conduct a needs assessment of ASCP members on a regular basis.

16.1.1.2 The CEA and other staff members who work to develop CPE programs will also perform additional activities in order to stay informed about the current needs of the membership.

16.1.1.3 The EAD will utilize the expertise and experience of the members of the EAC in the process of determining appropriated topics and subject matter for future CPE offerings.

16.1.1.4 Periodically, the EAD may conduct peer focus groups comprised of practitioners representative of the various sub-disciplines within pharmacy practice in order to assess the needs of these subspecialties as well and practitioners at larger.

16.1.1.5 Continuing education programs shall reflect the results of needs assessment processes by incorporating program content that addresses the expressed needs of the target audience(s).

16.1.1.6 Suggestions from participants completing each continuing education activity shall be obtained from the Program Evaluation Form, reviewed and used for the development of future program topics, venues and delivery modalities.

16.2. Policy:

The EAD use a variety of assessment activities to promote a broad balance and scope within its programming activities to assure that the needs of all its constituents are met.

16.2.1. Procedures:

16.2.1.1 In addition to the policies above, the CEA and other staff members will review the current professional literature to ascertain trends and developments within the contemporary delivery of pharmaceutical care services. Audits of professional practice may also be used to identify areas in need of strengthening

16.2.1.2 The CEA will also discuss with pharmacists from a wide variety of practice areas, audit professional practice developments and attend a variety of professional conferences dealing with the contemporary practice of pharmacy, the delivery of pharmaceutical care services and the latest developments in the delivery of adult education programs.

16.2.1.3 The ACPE Administrator shall be actively involved in developing and reviewing needs assessment tools. This includes but is not limited to: regularly developing and update needs assessment surveys, (to be sure that they address current topics in the contemporary practice of pharmacy). The CEA will also employ wherever possible current technology (e.g., internet web postings, e-mail, fax etc.) in order to gather and disseminate needs assessment information to the ASCP membership and evaluate needs assessment tools from other associations when appropriate.

17. Non-Commercialism

17.1. Policy

The CEA will be responsible for the quality, content, and utilization of instructional materials or post-program documents that are prepared with the support of outside organizations. The CEA will assure that all educational programs are fairly balanced and that all information and materials are free from promotional influence and/or content.

17.1.1. Procedures

17.1.1.1 All funds received from external sources in support of continuing pharmaceutical education will be accepted only if offered without restrictions that would require the inclusion of commercial or promotional bias to program activities.

17.1.1.2 A letter of agreement will be obtained from the external source of funding for a given program that clearly delineates the roles, responsibilities, and limitations each will hold in relation to producing the educational program.

17.1.1.3 Appropriate disclosure of any significant relationship between the funding organization(s) and the program faculty will be announced during the program or provided in program materials.

17.1.1.4 The CEA will not use or allow promotional activities or materials as an integral part of the program or program materials in any manner which interferes with or interrupts the educational activity. All material to be used by faculty during a presentation will be reviewed prior to distribution as part of faculty guidance activities.

- 17.1.1.5 The CEA will assure that faculty presentations are fairly balanced and that faculty disclose any known limitations on information, including but not limited to data that represent ongoing research, interim analysis, preliminary data, or unsupported opinion. A copy of this policy will be given to all faculty as part of faculty guidance activities.
- 17.1.1.6 Each faculty member will be required to disclose any significant financial or other relationship that may cause the perception of influencing the educational activity.
- 17.1.1.7 All cosponsors will be asked to disclose any significant financial or other relationship that may cause the perception of influencing the educational activity.
- 17.1.1.8 The CEA will not allow promotion of products or services inside the classroom or in obligate pathways to educational sessions.

18. Educational Objectives

18.1. Policy:

Continuing education activities shall employ standard planning and development procedures which include written educational goals and written measurable learning objectives (for each component of the educational offering). These goals and learning objectives shall serve as the basis for an evaluation of the attainment of specific, measurable educational outcomes and the overall effectiveness of the program.

18.1.1. Procedures:

- 18.1.1.1 The CEA shall require each author/presenter to develop specific educational goals and learning objectives which relate directly to program content and expected outcomes on the part of the learner. These learning objectives may be reviewed and/or directly developed by the ACPE Administrator, EAD, or other departments within ASCP.
- 18.1.1.2 If educational objectives are not developed directly by the EAD, the CEA must ensure that the learning objectives reflect the relationship of the program topic to pharmacy practice, and that there are an appropriate number of objectives for the time allotted.
- 18.1.1.3 Faculty will be provided specific guidelines to assist in the development of active and measurable educational objectives. The learning objectives should be clearly understandable to the target audience.
- 18.1.1.4 Faculty will be required to provide specific and measurable educational objectives pertaining to program content and expected learner outcomes at least four weeks prior to the presentation date.

- 18.1.1.5 The CEA or qualified designee will review goals and objectives for each educational offering for appropriate content and targeted, behavioral educational outcomes expected on the part of the learner. When necessary, guidance and direction will be offered to the faculty to clarify terminology and strengthen expected educational outcomes.

19. Topic Development

19.1. Policy:

Each continuing education activity shall be designed to explore one subject or group of closely related subjects that are pertinent to the contemporary practice of pharmacy and be well balanced in presentation. If the program involves multiple components, such as a lecture series or topical monograph, all segments of the program shall be integrally related to the general subject or theme of the program.

19.1.1. Procedures:

- 19.1.1.1 Topics and subject matter that are selected should be identified through an appropriate needs assessment process.
- 19.1.1.2 The EAD will develop continuing education topics which are sequenced to provide learners with a well-coordinated and thorough educational experience.
- 19.1.1.3 Topics should be related to the contemporary practice of pharmacy and consistent with the findings of recent needs assessment surveys or other assessment tools.
- 19.1.1.4 Emphasis on actively involving the participant in the learning process will be stressed.
- 19.1.1.5 Learners are encouraged to preview all program promotional materials prior to selecting the appropriate program content that meets their particular educational needs.

20. Instructional Material

20.1. Policy:

All educational and supportive materials shall be appropriate and germane to program content and be of suitable technical quality. Supportive materials shall be written and presented in a clear and concise manner to assure that the learner's educational experience is enhanced by use of these materials. All supportive educational materials must meet the ACPE Criteria for Quality and be relevant to the contemporary practice of pharmacy and non-commercial in nature.

20.1.1. Procedure:

- 20.1.1.1 All presenters/authors will be required to present supportive instructional materials to the appropriate program planner(s) and/or the CEA in sufficient time to allow for adequate review prior to use with the intended audience.
- 20.1.1.2 Any materials used in a previous program or originally intended for a general audience will be carefully scrutinized and modified for use with the intended pharmaceutical audience. All modified instructional materials must be germane to both the specific learning objectives of the program and the contemporary practice of pharmaceutical care.
- 20.1.1.3 If a continuing education program is comprised of multiple presentations, a suitable syllabus and/or program outline will be developed and made available to participants at the beginning of each CPE program. All syllabi and program outlines will be reviewed by the program planner(s) and/or the CEA prior to use with the intended audience.
- 20.1.1.4 At the beginning of any CPE program, participants will be given a program binder which contains:
- The program outline or agenda
 - A list of Faculty and their professional affiliations and credentials
 - The educational objectives of the program
 - Space for note taking and comments
 - References and further resource information
 - Supplemental information, diagrams, charts, graphics etc., relevant to the topics being presented
- 20.1.1.5 All supplemental educational materials must be of suitable, professional quality for the media used.
- 20.1.1.6 The selection/use of specific technical media to present supplemental educational materials shall be based upon its relative advantage in enhancing the participants learning experience.
- 20.1.1.7 The CEA or her qualified designee, shall review all program offerings for relevancy and timeliness on a continual basis. Any program content deemed to be significantly affected by changes in contemporary practice techniques, clinical research/discoveries or other important changes in the delivery of pharmaceutical care, shall be modified in a timely manner.
- 20.1.1.8 All ongoing lecture series and enduring materials must undergo a thorough review for relevancy to the contemporary practice of pharmacy once every three years (or more frequently if practice conditions warrant such a review).

21. Instructional Delivery Methods

21.1. Policy:

The methods of delivery utilized in an educational program shall be determined by giving appropriate consideration to such factors as the nature of the educational content, learning objectives, size and composition of the audience, physical facilities, specific skills an/or limitations and learning needs of the target audience.

21.1.1. Procedure:

21.1.1.1 Instructional delivery may include any one or more of the following formats: didactic instruction, discussion (small and large group), question and answer periods, case study presentations, workshops, breakout sessions, panel discussions, skills based interactive activities, correspondence or other home study programs, audio, video, CD-ROM or other electronically based instruction and internet based learning experiences.

21.1.1.2 Whenever possible, consideration will be given to the specific learning style preferences of the intended target audience.

22. Participant Involvement in Learning

22.1. Policy:

ASCP will encourage all presenters to design learning experiences that involve active participation on the part of the learner. To the extent possible each learning experience should include at least some element of interactive involvement on the part of the learner and be an integral part of the educational experience.

22.1.1. Procedures:

22.1.1.1 Live program format may include but not be limited to any of the following interactive learning modalities:

- Patient management case studies
- Problem solving activities
- Manipulation of equipment, software or data
- Simulation exercises/role playing
- Structured question and answer sessions
- Panel discussions
- Preparation of materials or laboratory exercises
- Small group discussions and report-to-group exercises
- Interactive workshop sessions
- Interactive computer programs
- Development/sharing of original or personal experiences

- 22.1.1.2 Home study and mediated instruction may include but not be limited to any of the following interactive learning modalities:
- Pre-testing with feedback
 - Interim quizzes with answers provided
 - Data manipulation exercises
 - Problem solving and
 - Post testing procedures involving active participation on the part of the learner

23. Facilities Matched to Content and Method

23.1. Policy:

The ACPE Administrator, in conjunction with the Meetings Department Director, will assure that the selected meeting facilities are appropriate and conducive to adult learning experience. Facilities utilized for continuing education programs shall be appropriate and adequately equipped for effective delivery of educational materials in order to meet the stated educational objectives and expectations of the learner.

23.1.1. Procedure:

23.1.1.1 The CEA either in person or by delegation to the appropriate meeting planners, shall select facilities that provide adequate space, lighting, seating, writing surfaces, environmental controls, and break areas to assure appropriate delivery of educational materials and comfort of all participants. Special attention will be given to assessing physical facilities that maximize the educational experience and minimize any distractions. Catering services, if used, shall be appropriate for the setting and accurately described in the promotional literature.

23.1.1.2 Prospective participants for home study will be advised in promotional literature of any equipment not provided in the educational materials that will be needed to complete the goals of the educational experience.

23.2. Policy

The meeting planner(s) shall assure the availability of required sound systems and/or supportive audiovisual equipment. All equipment shall be appropriate for the task, in good working condition and well maintained.

23.2.1. Procedure

23.2.1.1 Careful checks of equipment functionality will be made well in advance of each meeting and again one hour prior to the first presentation.

- 23.2.1.2 The exact audiovisual requirements for each presentation, including staging, ancillary electrical equipment such as slide projector carousels, extension cords, laser pointers, type of microphone etc. will be submitted by each speaker in writing to program planners, well in advance of the program.
- 23.2.1.3 EAD will discuss the use of audiovisual equipment with presenters in order to assure precise communication and delivery of required equipment and technical support services.
- 23.2.1.4 EAD will contract with trained, professional resource personnel to be available to operate and adjust equipment on-site and provide for efficient replacement bulbs, sound equipment, wiring, etc., as needed during the program.

24. Facilities Matched to Audience and Objectives

24.1. Policy:

The EAD will use facilities that are carefully selected for appropriate size for expected audience in order to assure adequate comfort in the delivery of educational materials, and assure attainment of educational goals and objectives.

24.1.1. Procedures:

- 24.1.1.1 The CEA or designee will select only those facilities which are of appropriate size and style to assure adequate delivery of educational materials to the expected target audience.
- 24.1.1.2 CEA and/or Meetings Department staff must have a working knowledge of and experience in the selection of appropriate meeting venues, consistent with audience size, educational background, learning preferences, type of material being presented, location, etc.

25. Learning Assessment

25.1. Policy:

Each continuing education program shall have an integral learning assessment component to assure adequate assessment of each participant's personal learning objectives.

25.1.1. Procedures:

- 25.1.1.1 Ample opportunity shall be provided to each participant to assess his/her attainment of personal goals and expected educational outcomes based upon the program objectives and the participant's involvement in the learning process.

25.1.1.2 Evaluation mechanisms may vary depending upon the length of the program, type of educational materials presented, the manner of presentation, the educational experience, skills and background of the learners.

25.1.1.3 Assessment procedures must be based upon stated educational goals and specific learning established for that program.

25.1.1.4 Objectives which require the submission of written or verbal responses for evaluation or grading will be stated in writing in the promotional literature and reiterated in the announcements at the beginning of the program.

25.2. Policy:

In order to maximize the learning experience, feedback will be provided to participants for all learning assessment exercises in a constructive and professional manner. This feedback should be provided with an indication of correct answers and solutions. Supplemental information, explanations, or discussion of answers are considered important and will be most useful if provided to participants immediately after completion of the learning assessment exercises.

25.2.1. Procedures:

25.2.1.1 Assessment activities may include, but not be limited to, any combination of the following:

- Case study presentations with audience participation
- Large group, small group, breakout and panel discussions
- Pre and post testing with analysis of correct responses
- Direction discussion sessions and audience questions and answers period with expert responses
- Group projects and reporting
- Written evaluations and/or reports
- Role playing and audience simulations and
- Evaluation of physical manipulation of equipment or data with criterion based outcomes

25.2.1.2 Question and answer sessions shall be structured to be germane to program topics and promote learning assessment of stated program educational goals and objectives.

25.2.1.3 Learning assessment activities should be taken into consideration when determining the amount of credit to award.

25.2.1.4 Test items or other learning documentation activities should be designed to go beyond the simple recall of facts and seek to demonstrate learning with an emphasis on integration and utilization of knowledge in professional practice.

26. Program Evaluation

26.1. Policy

A program evaluation component will be developed and implemented for each continuing education program. All participants should have the opportunity to evaluate the quality of each CPE program in which they participate.

26.1.1. Procedure

26.1.1.1 Educationally sound methods should be used

26.1.1.2 Evaluative data should be used for continually assessing and improving CPE offerings.

26.1.1.3 Key components of program quality should be monitored and evaluated, including participant satisfaction, instructor effectiveness, and topic appropriateness.

26.1.1.4 The program evaluation should be modified as needed to assure the utility of the data.

27. Glossary

ASCP – American Society of Consultant Pharmacists

CEA – Continuing Education Administrator

CPE – Continuing Pharmaceutical Education

EAC – Education Advisory Committee

EAD – Educational Affairs Department

DRAFT

12-10-09 for review and comment

jcg 11 and 12-09 suggested changes in blue
Items to consider changing in red

American Society of Consultant Pharmacists

Policies and Procedures for Continuing Pharmaceutical Education

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1. **Preamble:** The American Society of Consultant Pharmacists (ASCP) focuses its educational services on the development and delivery of programs that are designed to aid and improve the quality of care that is delivered by the senior care pharmacist to their patients. With each educational endeavor, ASCP fosters the provision of educational programs that specifically strive to offer the senior care pharmacist the ability to manage and improve drug therapy and improve the quality of life of geriatric patients in a variety of practice settings.

2. **Administrative Responsibility**

2.1. Policy

The ACPE Administrator has full authority to assure full compliance of all programs for which continuing pharmaceutical education (CPE) credit is offered and is readily accessible.

2.1.1. Procedures

2.1.1.1 The Continuing Education Administrator (CEA) will be the Director of the Educational Affairs Department (EAD)

2.1.1.2 The Educational Affairs Department will consist of a Director and appropriate and adequate support staff.

2.1.1.3 Duties and responsibilities for the Director and other EAD staff will be established and delineated in formal job descriptions.

2.2. Policy

The mission of the Educational Affairs Department will coordinate with and complement that of the Society.

2.2.1. Procedures

2.2.1.1 A mission statement for the department will be developed and reviewed annually by the CEA and the Education Advisory Committee (EAC).

2.2.1.2 Changes to the mission statement will be made by consensus.

2.3. Policy

In the event of an administrative change, there shall be a smooth and orderly transition of administrative responsibilities.

2.3.1. Procedure

2.3.1.1 The current CEA administrator will notify ACPE of the change immediately.

2.3.1.2 Incoming CEA will review policies, procedures, and ACPE quality criteria and interpretive guidelines.

2.3.1.3 Incoming CEA will participate in ACPE's new administrator workshop within 12 months of appointment.

2.3.1.4 ASCP will provide a training period with EAD staff, and when possible, outgoing CEA.

2.4. Policy

When working with other departments for the development, distribution and/or presentation of CPE, the CEA assumes full responsibility for assurance that all ACPE quality criteria are met and reserves the right to accept or deny a program for CPE.

2.4.1. Procedure

2.4.1.1 All requests made as early as possible in the planning process to allow for cooperative planning with the EAD. Requests later than 45 days will not be accepted.

2.4.1.2 A meeting between the organizing department and the CEA, or designee, will be held to determine the duties of each department, including responsibilities and timetables.

2.4.1.3 All program-related information, including program announcements, handouts, and visual aids, must be reviewed and approved by the CEA or designee before printing and distribution. This includes, but is not limited to print, electronic and facsimile transmissions.

2.4.1.4 Any changes to a program after the accreditation review process must be reevaluated. The program will not be offered until the program has been reevaluated.

3. Administrator qualifications

3.1. Policy

The CEA and support staff shall be qualified by virtue of background, education, training and/or expertise.

3.1.1. Procedure

3.1.1.1 CEA will have a degree in pharmacy.

3.1.1.2 CEA and support staff will have a background in adult and/or continuing pharmacy education through experience or education.

3.1.1.3 CEA will possess or develop an understanding of current trends and issues in pharmaceutical education.

3.1.1.4 CEA will possess or develop skills related to educational development and design, including but not limited to program faculty selection,

program budget preparation, record-keeping, and a general familiarity with senior care pharmacy practice.

3.1.1.5 CEA will attend the biannual ACPE meeting.

4. Cosponsorship with non-ACPE-approved providers

4.1. Policy

When working with a non-ACPE-approved provider for the development, distribution and/or presentation of CPE, the CEA assumes full responsibility for assurance that all ACPE quality criteria are met and reserves the right to accept or deny a program for cosponsorship.

4.1.1. Procedure

4.1.1.1 All requests must be made in writing using the cosponsorship application form. Form must be complete.

4.1.1.2 Requests should be made as early as possible in the planning process to allow for cooperative planning with ASCP. No forms will be accepted later than 45 days before the date of the program.

4.1.1.3 An agreement designating the duties of each party shall be executed and signed. These agreements will formally outline all duties and responsibilities, timetables and penalties for failure to comply.

4.1.1.4 A liaison from the non-ACPE-approved provider will be assigned to work with the CEA or designee to assure compliance with all aspects of the executed agreement.

4.1.1.5 The CEA will be responsible for assuring that all activities of the non-ACPE approved provider are appropriate and adhere to the ACPE quality criteria.

4.1.1.6 All program-related information, including program announcements, handouts, and visual aids, must be reviewed and approved by CEA or designee before printing and distribution. This includes, but is not limited to print, electronic and facsimile transmissions.

4.1.1.7 At least one member of the Professional Development Curriculum Committee (PDCC), the educational advisory committee, will attend each cosponsored program when possible.

4.1.1.8 Any changes to a program after the accreditation review process must be reevaluated. The program will not be offered until the program has been resubmitted and reevaluated.

4.1.1.9 The CEA shall impose formal sanctions upon the non-ACPE-approved provider when deemed appropriate. This may include the dissolution of all current agreements and future cosponsorship relationships. Since it would be considered punitive for the individual participants, the CEA will

make every effort to avoid the withdrawal of the commitment to provide accreditation and distribute statements of credit.

- 4.1.1.10 Commercial interests may not be cosponsors of educational activity accreditation.

4.2. Policy

Submission of appropriate program documents does not automatically guarantee course accreditation.

4.3. Policy

When educational services or materials are purchased or acquired externally, the CEA assumes full responsibility for compliance with ACPE quality criteria.

4.3.1. Procedure

- 4.3.1.1 An agreement designating the responsibilities and expectations of the CEA and the other party will be executed and signed. These agreements will formally outline all duties and responsibilities, timetables and penalties for failure to comply.
- 4.3.1.2 All program materials must be reviewed and approved by the CEA or designee before printing and distribution.

4.4. Policy

The EAD shall have full and complete access to program-related information as may be required for future program development and improvement, including but not limited to needs assessment, final budget, final instructional materials, completed evaluations and learning assessments.

4.4.1. Procedure

- 4.4.1.1 All program-related information will be forwarded to the CEA within 30 days of the completion of the program.

4.5. Policy

When external financial support is received in whole or in part for continuing education activities, the CEA is responsible for assuring compliance with the ACPE quality criteria.

4.5.1. Procedure

- 4.5.1.1 CEA will comply with the FDA guidelines for industry-supported medical education and ACPE quality criteria.
- 4.5.1.2 CEA will impose formal sanctions when deemed appropriate, including withdrawal of accreditation.

5. Cosponsorship with ACPE-approved providers

5.1. Policy

When the CEA chooses to work with another ACPE-approved provider for the development, distribution, and/or presentation of continuing pharmaceutical education programs, responsibility for compliance with the ACPE quality criteria will be held jointly.

5.1.1. Procedures

- 5.1.1.1 An agreement documenting the duties of each approved provider shall be executed and signed. These agreements will formally outline all duties and responsibilities, timetables and penalties for failure to comply.
- 5.1.1.2 The duties and responsibilities of each party will be identified and documented early in the planning stage.
- 5.1.1.3 Each party shall forward all program-related information to the other party within 30 days of completion of the program.

6. Program announcement literature

6.1. Policy

The promotion and advertising of each continuing education activity shall be conducted in a responsible fashion, providing adequate advance information for the participant to make an informed decision. This includes all marketing media including, but not limited to print, electronic, and facsimile transmission.

6.1.1. Procedures

- 6.1.1.1 Advance information shall be provided to all prospective participants at least three weeks before the program date.
- 6.1.1.2 Promotional materials should clearly and explicitly include key information, including:
 - Educational goals and specific learning objectives of the particular program.
 - Nature of the target audience that may best benefit from participation in the program.
 - Faculty members and their credentials.
 - Fees for the program and a clear statement of the items that are and are not covered by those fees, as well as any applicable deadlines for pre-program cancellations and fee refunds.
 - Agenda for educational activities.

- Amount of CE credit, specified in contact hours or CEUs, that can be earned through participation in and successful completion of the program.
 - The following statement used in close conjunction with the official ACPE logo:

“The American Society of Consultant Pharmacists is approved by the American Council on Pharmaceutical Education as a provider of continuing pharmaceutical education.”
 - The ACPE Universal Program Number assigned to the program by ASCP
 - A full description of all requirements established for successful completion of the CE program.
 - Acknowledgment outside financial support for any component of the educational activity
 - The initial release date for ongoing programs.
- 6.1.1.3 The sessions being offered as continuing pharmaceutical education sessions for credit should be clearly identified where educational and non-educational sessions are planned.
- 6.1.1.4 A statement should be incorporated into the promotional materials indicating when and how a participant may expect to receive a statement of credit.

7. Continuing education credit

7.1. Policy

ASCP will adhere to a uniform quantitative system of measurement for continuing education credit based on the contact hour and the CEU. The number of contact hours to be awarded for participation and successful completion for a given program shall be determined in advance of the offering.

7.1.1. Procedure

- 7.1.1.1 In cases where the method of delivery does not lend itself to straightforward and direct translation into contact hours, a determination of the amount of education credit which may be awarded will be made by realistically appraising the amount of time required for participants to successfully complete the program.
- 7.1.1.2 Web-based education derived from live programs will be awarded the same amount of credit as the live program.
- 7.1.1.3 The amount of credit for home study programs, e.g., *Clinical Consult* and Supplements to *The Consultant Pharmacist*, will be determined using

the Mergener formula (published in *The American Journal of Pharmaceutical Education*).

7.1.1.4 Alternate methods of determining credit may include, but not be limited to:

- Assessing the amount of time the activity would require if it were delivered in a more formal and structured live program format.
- Pilot testing the activity with a group of pharmacists who are representative of the target audience and ascertaining the mean average length of time for completion for only those participants who successfully complete the program.
- A determination by an advisory panel, consisting of individuals qualified by experience and training in the development and administration of continuing pharmaceutical education.

7.1.1.5 In all instances, the provider should be conservative in the determination of the amount of credit to be awarded for successful completion of continuing pharmaceutical education programs.

7.1.1.6 Continuing education activities shall be designated as: a) Knowledge-based (minimum credit = 15 minutes or 0.25 contact hours if they are designed to impart factual knowledge, b) Application-based (minimum credit = 60 minutes or 1.0 contact hours if they are designed to assess application of acquired factual knowledge, or c) Practice-based (minimum credit = 15 contact hours if they are designed to instill, expand, or enhance practice competencies through the systematic achievement of specified knowledge, skills, attitudes, and performance behaviors.

7.1.1.7 The amount of time taken to complete evaluation activities may be taken into consideration in the overall determination of the amount of credit to be awarded for successful completion of each continuing pharmaceutical education program.

8. Record keeping

8.1. Policy

ASCP will maintain and assure the availability of records adequate to serve the needs of the participants and others requiring such information.

8.1.1. Procedure

8.1.1.1 Records of participation and credit awarded should be kept for a minimum period of five years.

8.1.1.2 Full documentation of program-related materials and information, adequate to providing evidence of compliance with the quality criteria and

guidelines, should be retained and be fully accessible to the approved provider.

8.1.1.3 Records will be maintained in a computerized database that is archived and backed up at least weekly.

9. Statements of credit

9.1. Policy

ASCP will award a statement of credit to each participant upon successful completion of the continuing education activity. Procedure

9.1.1.1 All statements of credit will include the following informational items:

- The name of the participant.
- The title and date(s) of the program
- The approved provider sponsoring or cosponsoring the program.
- The official ACPE logo.
- The amount of credit awarded.
- The assigned ACPE Universal Program Number
- The dated certifying signature of the administrator responsible for the approved provider's continuing pharmaceutical education activities.
- A single and unique program number will be assigned to each unique program (example: 203-000-01-001-H01).

9.1.1.2 Duly completed and signed statements will be distributed only following the completion of the program. Duplicate or replacement statements will be clearly marked as "Duplicate Copy".

9.1.1.3 Partial credit will not be awarded.

9.1.1.4 ASCP will utilize controls to assure the validity of statements for participants.

9.1.1.5 For live programs the procedure for documenting participation includes a completed program evaluation and the participant's signature certifying attendance.

9.1.1.6 For home study and other mediated instructional approaches, statements of credit will be mailed to participants upon receipt of the evaluation form and successful completion (at least 70% correct) of the program assessment questions listed on the testing form.

10. Grievance policy and procedures

10.1. Policy

ASCP will assure that all participants are offered a means to voice complaints and seek resolution of problems through a standard policy and procedure.

10.1.1. Procedure

- 10.1.1.1 All grievances relating to continuing education programs accredited by ASCP will be requested to be made in writing to the Administrator within 90 days of the completion of the activity.
- 10.1.1.2 The Administrator will make every effort to resolve the issue informally.
- 10.1.1.3 In cases when the Administrator does not or cannot satisfactorily resolve the issue, the Administrator will prepare a report in writing for review by the Education Advisory Committee (EAC). All decisions made by the EAC will be final.

11. Adequate Financial Resources

11.1. Policy

The Educational Affairs Department of ASCP will assure adequate financial resources to provide the funds necessary to meet the direct and indirect costs of planning and administering all pharmacy continuing education programs consistent with the mission and goals of the Department.

11.1.1. Procedures:

- 11.1.1.1 The CEA will establish an annual budget for the unit that addresses developmental, administrative, personnel and overhead costs associated with planning the desired number and type of CPE offerings for the year.
- 11.1.1.2 A working budget for each program or project will be established to ensure the educational goals for the program can be met while maintaining a sound fiscal balance for the Department.
- 11.1.1.3 Continuous analysis and evaluation regarding expenditures shall be routinely performed by the CEA to assess the appropriate expenditure of funds for each planned CPE project or program.

12. Identifiable Budget

12.1. Policy:

There shall be clearly identifiable financial resources allocated to the planning, development implementation of each continuing education project or program.

The CEA shall oversee the administrative functions of program development including selection and management of external resources/services associated with the planning, development and implementation of each CE project or program.

12.1.1. Procedures:

- 12.1.1.1 An estimate of the cost of development and implementation for each CE project/program shall be established and/or reviewed by the CEA.
- 12.1.1.2 The CEA shall be responsible for reviewing all costs associated with each phase of the CE project/program. The CEA or her designee shall be responsible for processing all invoices, payments and bills associated with CE programming.
- 12.1.1.3 Any program for which a separate budget is provided may be partially or fully funded by other departments within ASCP or other outside supporting agencies. In the event that a program is partially or fully funded by other departments and/or outside agencies, the EAD shall maintain full authority to assure strict adherence to all ACPE Criteria for Quality in all aspects of program development and implementation.
- 12.1.1.4 In the event a registration fee is charged to participants, tuition fees will be assessed commensurate with the level of program content, instructional time and number of CE credits awarded. Fees shall be consistent with fair market value for programs of similar content and duration.
- 12.1.1.5 The budget for the EAD shall be developed by the CEA.
- 12.1.1.6 The CEA shall report to the Associate Executive Director (AED) regarding any significant cost overruns in program development or allocation of funding to assure quality control and proper implementation of the CE program. Continuous cost analysis will reveal any unanticipated expenses that may then be adjusted for and considered in planning future program budgets.

13. Program Faculty: Qualitative Considerations

13.1. Policy:

The CEA will assure that faculty selected for continuing education programs will have the skills, knowledge and experience necessary to meet the educational needs of the target audience.

13.1.1. Procedures:

- 13.1.1.1 The CEA retains responsibility for the selection and guidance of appropriate faculty suited to the educational needs of pharmacy practitioners as adult learners and expert in his/her chosen field of practice.

13.1.1.2 The CEA or her qualified designee shall assure faculty competence in the subject matter and appropriate level of experience and training for the tasks and methods of delivery of content. Methods for evaluating faculty shall include review of the submitted resume and program content materials prior to presentation of the program. Appropriate educational credentials and prior experience in the delivery of adult continuing education offerings shall also be considered in the selection of faculty. Recommendations and referrals from other individuals knowledgeable in the field, such as members of the Education Advisory Committee, professional literature reviews and academic sources, shall also be considered when seeking expertise in selected topic areas related to pharmaceutical practice.

13.1.1.3 The EAD requires prospective faculty presenters to complete and submit a faculty biographical outline, C.V./resume, financial relationship disclosure form, audio taping authorization agreement and an audio-visual equipment needs form. The CEA reserves the right to reject a candidate if she suspects that the candidate is not suited to the task for any reason.

13.2. Policy

All programming offered by ASCP shall exhibit fair and balanced content. Potential faculty will disclose any possible real or perceived potential conflicts of interest, base their presentation on best available evidence, and be prepared to have some or all of their materials reviewed by peers.

13.2.1. Procedures

13.2.1.1 Faculty are expected to disclose all relevant financial relationships with any commercial interest by signing and dating a Financial Disclosure Statement which will include the current definitions of "Relevant Financial Interest" and "Commercial Interest", Title of Program Activity, Date of Program Activity, Faculty Members Name will be pre-entered on the form. Categories of Financial Interest queried will include: Grant/Research Support, Consultant Fees, Clinical Investigator, Speakers Bureau, Major Stock Holder, Other Financial/Material Support and a field will be supplied for entry of the Name of Organization providing the support and the Therapeutic Area supported.

13.2.1.2 Faculty are also required to disclose any known limitations on information, including but not limited to data that represent ongoing research, interim analysis, preliminary data, or unsupported opinion.

13.2.1.3 Verbal or written disclosures of Conflict of Interest and Limitations on Information will be provided during the activity and acknowledged.

14. Program Faculty: Quantitative Considerations

14.1. Policy

An appropriate number of faculty shall be selected and provided guidance in the development and delivery of CE program content and supportive materials.

14.1.1. Procedures

- 14.1.1.1 Faculty guidance is given to assist faculty in the preparation of written, measurable learning objectives for each CE program which shall include mention of the activity type (knowledge-based, application-based or practice-based) and the proper learning objective verbs for the activity type. Assistance is also provided as necessary in the development of instructional materials (handouts, visual aids, etc.), design of program evaluation instruments and assessment of participant learning.
- 14.1.1.2 The CEA or designated program planner/speaker liaison will communicate directly with faculty during the planning and development stages of the CE program or project.
- 14.1.1.3 Speaker liaisons (ASCP members) will provide guidance on member demographics, educational needs, long-term care environment, session difficulty, etc., as well as reviewing task oriented checklists to help assure careful and complete communications with faculty and facilitate full compliance with ACPE.
- 14.1.1.4 In determining the appropriate number of faculty to use for a continuing education program, the EAD considers such factors as: overall length of the program, specific program topics and content, faculty expertise and experience, delivery mode for the program, venue, attributes/limitations of the physical facilities and type and of audience.
- 14.1.1.5 The EAD will provide faculty guidance information and/or materials to each faculty participating in a CE program. Such guidance may be verbal or written background information related to the art of speaking, adult education, writing clear educational objectives, audience assessment and participation techniques and evaluation/assessment methods.
- 14.1.1.6 The EAD will provide logistical support, professional guidance and technical assistance necessary to prepare and edit educational materials.

- 14.1.1.7 The EAD will assure that each faculty receives a copy of the program evaluation form prior to and subsequent to the delivery of the presentation. Speakers will also be provided with tapes from their live programs. The presenter is encouraged to review areas of evaluation to properly prepare for and afterwards, evaluate his/her presentation. Completed Program Evaluation forms are made available to each presenter to review as a measure of program effectiveness and serve as a basis for future program development. If a speaker is considered for a subsequent presentation, past evaluations are reviewed by the CEA and any strengths and weaknesses are discussed directly with the prospective speaker.
- 14.1.1.8 Additional faculty guidance to assure development of non-commercial program content shall be provided to presenters/author as part of the faculty guidance procedures.
- 14.1.1.9 The EAD shall strive to maintain a ratio of one faculty member per maximum of two hours of didactic instruction depending on style of presenter, content and method of delivery.
- 14.1.1.10 The EAD shall strive to maintain (as is appropriate to the program) a ratio of at least one faculty member/facilitator for each 30 participants in programs utilizing interactive workshops or breakout sessions.

14.2. Policy:

The EAD will monitor its faculty selection and guidance process and make adjustments and modifications and/or target specific areas of emphasis as required to assure the ongoing improvement and quality of its continuing education offerings.

14.2.1. Procedures:

- 14.2.1.1 The Program Evaluation Form which solicits participant's assessment of faculty effectiveness shall be used to monitor the outcome(s) of the faculty selection and guidance process.
- 14.2.1.2 The CEA shall oversee the process of program evaluation. A formal process for preparing and reviewing program summary evaluation data shall be used by the CEA to assess the effectiveness of faculty guidance and selection and as a basis for continual improvement for future programs. A written Program Evaluation Summary shall be prepared for each CPE program commensurate with the level and scope of each program. Written comments from participants shall also be considered in the needs assessment process for presentation to members of the EAC and for planning future CPE offerings.
- 14.2.1.3 The CEA shall be responsible for ongoing quality improvement to assure that CPE offerings meet their stated educational objectives.

15. Staff and Other Resources

15.1. Policy:

ASCP shall provide adequate resources and staff to insure the effective development of high quality pharmacy continuing education programming commensurate with ACPE Criteria for Quality and its overall mission and goals.

15.1.1. Procedures:

15.1.1.1 The EAD shall have a qualified, dedicated, full time CE Administrator. The CEA shall have administrative assistance to oversee day-to-day operations of program development and implementation.

15.1.1.2 The CEA shall report directly to the Chief Program Officer, who shall in turn report directly to the Executive Director.

15.1.1.3 ASCP shall provide the CEA and support staff of the EAD with appropriate financial resources, office equipment and physical office space to assure smooth and efficient operations in the development and delivery of CPE programming to its constituent members and pharmacy audiences.

15.2. Policy:

ASCP shall provide adequate support personnel to assist in all matters pertaining to the planning, development, implementation and administration of high quality CPE programming. ASCP shall also provide adequate opportunities for periodic staff training and professional development to assure continual updating of essential skills and knowledge for all key personnel.

15.2.1. Procedures:

15.2.1.1 The EAD shall employ one highly qualified, experienced CE Administrator who will serve as the ACPE liaison.

15.2.1.2 The EAD may when necessary or deemed appropriate, secure the services of outside vendors to assist in the planning, development, implementation and administration of continuing education programming.

16. Appropriate Subject Matter

16.1. Policy:

The EAD shall plan and implement continuing education programs which are of the highest caliber and pertinent to the contemporary practice of pharmaceutical care. Emphasis is placed on the development and delivery of CPE programs relating to the contemporary role of consultant pharmacists and senior care pharmacist in the delivery of pharmaceutical care services.

16.1.1. Procedures:

16.1.1.1 CPE program content shall focus on major issues affecting today's pharmaceutical practitioners and those responsible for the delivery of pharmaceutical care services. Topics include but are not necessarily limited to the following:

- Social, economic, behavioral, legal, administrative and managerial aspects of pharmaceutical practice and health care delivery.
- Biopharmaceutical and pharmacokinetic properties of drugs and dosage formulations.
- Development and clinical evaluation of new drugs, dosage forms and drug delivery systems.
- The etiology, prevalence, drug therapy and clinical management of pathogenic diseases and degenerative disorders.
- Pharmaceutical management of patient therapy and monitoring of therapeutic drug regimes.
- Legislative and regulatory information
- Other information unique to the needs of ASCP members (e.g., the practice of consultant pharmacists and senior care pharmacists).
- Additional topics related to the administration and management of patient care and the delivery of optimum pharmaceutical care and services.

16.2. Policy:

CEA shall be vigilant in its efforts to assure that all program content not specifically related to pharmaceutical practice or the delivery of pharmaceutical care, shall be materially related to the practice of pharmacy and/or the delivery of pharmaceutical care services.

16.2.1. Procedures:

16.2.1.1 Topics not inherently integral to pharmacy practice shall be presented with emphasis on their relationship to the modern practice of pharmaceutical care. Clear, pre-defined learning objectives shall be developed to link all subject matter to the contemporary practice of pharmacy.

16.2.1.2 Faculty will be provided guidance with respect to developing case studies and other methodologies that link all subject matter to the contemporary practice of pharmaceutical care.

16.2.1.3 Each presenter will be required to develop supportive educational materials and/or interactive learning exercises which clearly apply program content to the contemporary practice of pharmacy.



ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

20 North Clark Street, Suite 2500 • Chicago, Illinois 60602-5109 • www.acpe-accredit.org
312/664-3575 • FAX 312/664-4652

January 31, 2008

Patricia D'Antonio
Director of Educational Affairs
American Society of Consultant Pharmacists
1321 Duke Street
Alexandria, VA 22314-3563

Dear Ms. D'Antonio:

During its January 2008 Board of Directors meeting, the Accreditation Council for Pharmacy Education reviewed American Society of Consultant Pharmacists's Petition for Continued Accreditation for purposes of considering renewal of accredited provider status. The Council's decision is provided in the official copy of the Council's Action and Recommendations (enclosed).

The Council's accreditation action, which includes terms and conditions, dates for submission of future reporting, and comments and recommendations for improvement should be carefully reviewed.

If you have any questions regarding this action or these comments and recommendations, or if I may be of assistance, please do not hesitate to contact me.

Sincerely,

Dimitra V. Travlos, Pharm.D., BCPS
Assistant Executive Director

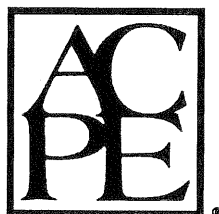
Anne-Marie Sesti, Pharm.D.
Assistant Executive Director

Enclosure

cc: Phyllis Moret, Associate Executive Director

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

**Continuing Education
Provider Accreditation Program**



Accreditation Action and Recommendations
After Review of a Petition for Continued Accreditation

January 2008

American Society of Consultant Pharmacists
Provider Number: 203

American Society of Consultant Pharmacists

I. Introduction

The Accreditation Council for Pharmacy Education reviewed the Petition for Continued Accreditation of the American Society of Consultant Pharmacists at its January 2008 meeting. This review was based upon due consideration of the provider's Self-Assessment Report, internal staff and external field reviews, participant feedback, and other communications received from the provider.

II. Accreditation Action

Following discussion of the program, it was the decision of the Board of Directors that the American Society of Consultant Pharmacists be (note checked category below):

- ☒ continued as an ACPE-accredited provider of continuing pharmacy education. The accreditation term extends for six years (January 31, 2014) with no Interim Report.

- ☐ continued as an ACPE-accredited provider of continuing pharmacy education. The accreditation term extends for one year (January 31, 2009) at which time a Progress Report will be due on November 1, 2008. A Progress Report is submitted by Providers who have a shortened term of accreditation and serves as the basis for the Board to act to continue recognition as an ACPE-accredited provider. The Progress Report should address areas in need for improvement along with documentation requested in the Recommendations below.

The Provider will be included and its accreditation status will be designated on ACPE's website, www.acpe-accredit.org shortly after the January 2008 meeting.

American Society of Consultant Pharmacists

III. Accreditation Terms and Conditions

A. **Accreditation Term.** This schedule is contingent upon maintenance of the presently observed quality during the stated accreditation term. The Board reserves the right to revise its accreditation action or to alter these dates based upon monitoring during the accreditation term stated above.

B. **Self-Assessment Report.** The Self-Assessment Report provided a description and introspective analysis of the Continuing Pharmacy Education program. The Board and staff appreciated the efforts of the American Society of Consultant Pharmacists to provide a Self-Assessment Report rather than simply a description of its program. The Self-Assessment Report is a fair representation of the continuing pharmacy education program as it contains identification of strengths and weaknesses, as well as proposed action plans.

C. **Comments and Recommendations.** The following comments are presented in accord with the ACPE *Criteria for Quality and Interpretive Guidelines* and, if applicable, *Standards and Quality Assurance Procedures for ACPE-Accredited Providers of Continuing Pharmacy Education Offering Certificate Programs in Pharmacy* for purposes of clarifying the Board's expectations and noting particular areas of emphasis. The Board references specific issues, in abbreviated form, and requests the Provider's attention to the criteria in need of improvement as follows:

Administration and Organization:

| No. | Criterion | Commend | Meets criteria | Needs improvement | Additional documents required |
|-----|---------------------------------|---------|----------------|-------------------|-------------------------------|
| 1 | Administrative Responsibility | | X | | |
| 2 | Administrator Qualifications | | X | | |
| ¾ | Cosponsorship Relationships | | X | | |
| 5 | Program Announcement Literature | | X | | |
| 6 | Continuing Education Credit | | X | | |
| 7 | Record Keeping | | X | | |
| 8 | Statements of Credit | | X | | |
| 9 | Grievance Policy and Procedures | | X | | |

The following comments expand upon the criteria noted above:

American Society of Consultant Pharmacists

- **Criterion 1 Administrative Responsibility:** The provider is commended for development of a policies and procedures for its continuing pharmacy education program that is complete and practical. The provider is encouraged to implement its policies and procedures, monitor their effectiveness and refine them as necessary.
- **Criterion 2 Administrator qualifications:** The administrator is encouraged to continue her participation in professional development addressing adult learning and apply the learned principles to the continuing education program.
- **Criterion 5 Program Announcement Materials:** The provider is encouraged to continue to include all informational items on all program announcement materials.

Budget and Resources:

| No. | Criterion | Commend | Meets criteria | Needs improvement | Additional documents required |
|-------|--|---------|----------------|-------------------|-------------------------------|
| 10/11 | Adequate Financial Resources / Identifiable Budget | | X | | |

Faculty and Staff:

| No. | Criterion | Commend | Meets criteria | Needs improvement | Additional documents required |
|-------|--|---------|----------------|-------------------|-------------------------------|
| 12/13 | Faculty: qualitative considerations / Faculty: quantitative considerations | | X | | |
| 14 | Support Staff | X | | | |

The following comments expand upon the criteria noted above:

- **Criteria 12/13 Faculty:** The reviewers encourage the provider to continue the practice of its faculty-guidance materials, monitor their effectiveness and refine them as necessary.
- **Criterion 14 Support Staff:** The provider is commended for its efforts and support to orient, train and educate its staff with regards to ACPE policies and procedures and continuing education.

American Society of Consultant Pharmacists

Educational Program Development:

| No. | Criterion | Commend | Meets criteria | Needs improvement | Additional documents required |
|-----|------------------------------|---------|----------------|-------------------|-------------------------------|
| 15 | Appropriate Subject Matter | | X | | |
| 16 | Educational Needs Assessment | | X | | |
| 17 | Noncommercialism | | X | | |
| 18 | Educational Objectives | | X | | |
| 19 | Topic Development | | X | | |
| 20 | Instructional Materials | X | | | |

The following comments expand upon the criteria noted above:

- **Criterion 15 Appropriate Subject Matter:** the updated *Definition for Continuing Education for the Profession of Pharmacy*. The updated definition 1) includes more comprehensive guidance regarding the competencies of pharmacists, 2) differentiates CPE activities designed for pharmacists from those designed for pharmacy technicians, 3) requires the audience type, Pharmacist (P) or Technician (T) to be included in the Universal Program Number (UPN), and 4) creates a new topic designator, Patient Safety (05), for the UPN. The provider should review the updated definition (www.acpe-accredit.org) and develop policies and procedures to comply with the new requirements.
- **Criterion 17 Noncommercialism:** The updated *Standards for Commercial Support*. The provider should review these guidelines (www.acpe-accredit.org) and develop policies and procedures to comply with these updated standards.
- **Criterion 20 Instructional Materials:** The provider is commended for supplying instructional materials that provide participants with reference items that can be used in the participant's daily practice (e.g. quick-review tables, references, articles, etc).

Methods of Delivery:

| No. | Criterion | Commend | Meets criteria | Needs improvement | Additional documents required |
|-------|--|---------|----------------|-------------------|-------------------------------|
| 21/22 | Instructional Delivery Methods / Participant Involvement in Learning | | X | | |

The following comments expand upon the criteria noted above:

- **Criteria 21/22 Methods of Delivery:** The reviewers encourage the provider to continue to foster active participation of learners.

American Society of Consultant Pharmacists

Facilities:

| No. | Criterion | Commend | Meets criteria | Needs improvement | Additional documents required |
|-------|---|---------|----------------|-------------------|-------------------------------|
| 23/24 | Facilities matched to content and method / Facilities matched to audience and objectives | | X | | |

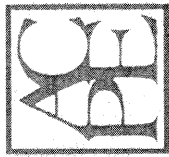
Evaluation:

| No. | Criterion | Commend | Meets criteria | Needs improvement | Additional documents required |
|-----|---------------------|---------|----------------|-------------------|-------------------------------|
| 25 | Learning Assessment | | X | | |
| 26 | Program Evaluation | | X | | |

The following comments expand upon the criteria noted above:

- **Criterion 26 Program Evaluation:** The provider is encouraged to continue to tabulate and summarize the results of the program evaluations and to utilize the information to improve future offerings. In addition, in those instances in which programs are offered to interprofessional audiences, care should be taken to assure that feedback obtained from pharmacists is summarized and evaluated separately from that received from non-pharmacists, i.e. pharmacy technicians.

If the administrator needs additional information or clarification regarding the interpretation of any section in this document, he/she is encouraged to contact ACPE staff at (312) 664-3575.



Accreditation Council for Pharmacy Education



Certifies that

American Society of Consultant Pharmacists

Provider #203

**Has fulfilled the accreditation requirements set forth by ACPE and is hereby accredited
as a Provider of Continuing Pharmacy Education
through January 31, 2014.**

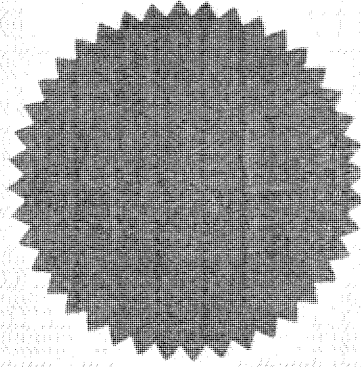
Pete A. Harris, Pharm.D.

Executive Director

Christina J. Harlow

Assistant Executive Director, Director Continuing
Pharmacy Education Provider Accreditation

Granted this 31st day of January, 2008



- The nature of the relationship the person has with each commercial interest.
- b. For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

Commercial support for the CPE activity

- c. The source of all support from commercial interests must be disclosed to learners. When commercial support is 'in-kind' the nature of the support must be disclosed to learners.
- d. 'Disclosure' must never include the use of a trade name or a product-group message.

Timing of disclosure

- e. A provider must disclose the above information to learners prior to the beginning of the educational activity.

NOTE: The Standards for Commercial Support and accompanying guidelines were adopted by ACPE (October 2006) with permission from the Accreditation Council for Continuing Medical Education. The updated definition of a commercial interest was approved by the ACPE Board of Directors in January 2008.



ACPE Accreditation Standards for Continuing Pharmacy Education (CPE)
Guidelines for Standards for Commercial Support - CPE Standard 5
(Adapted with permission from the Accreditation Council for Continuing Medical Education)
August 2008

| |
|--|
| Standards for Commercial Support, 5.1: Independence |
|--|

1. What is a commercial interest? (SCS 5.1a)

At the January 2008 ACPE Board of Directors Meeting, the members approved adoption of the Accreditation Council for Continuing Medical Education's (ACCME's) updated policies released in August 2007 including the updated definition of a commercial interest. A 'commercial interest' is any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not 'commercial interests.'

2. Why will ACPE not allow commercial interests to act as cosponsors? (SCS 5.1b)

Cosponsors are educational partners and are expected to routinely have a role in making decisions about the elements specified in SCS 5.1a.

3. ACPE defines a 'commercial interest' as "any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients." Providers of clinical service directly to patients are not 'commercial interests.' If an accredited provider believes that its 1) organization is now defined as a commercial interest, what action(s) does the ACPE recommend in order to ensure independence and continued eligibility for accreditation? (SCS 5.1a)

The ACPE expects that providers will make changes to their organizational structure so that the CPE program is independent from the organization that markets, re-sells, or distributes health care products and services. In this way, the following decisions are made free of the control of the commercial interest: (a) identification of CPE needs; (b) determination of educational objectives; (c) selection and presentation of content; (d) selection of all persons and organizations that will be in a position to control the content of the CPE; (e) selection of educational methods; and (f) evaluation of the activity.

The independence of the CPE program from the commercial interest can be accomplished in different ways. An example of an organizational structural change would be when an accredited provider that is a corporation sets up two additional wholly owned corporations: one corporation that markets, re-sells, or distributes health care products or services and the CPE corporation that does not market, re-sell, or distribute health care products or services. The corporation that is the CPE provider: 1) is not owned or controlled by a commercial interest; 2) has separate management; 3) is the employer of record; 4) has a governance structure separate from the governance structure of the commercial interest; and 5) receives any funds from a commercial interest only as commercial support.

4. How will the change in the definition of a commercial interest announced in February 2008 affect already accredited providers that might be owned by a commercial interest? (SCS 5.1a)

The ACPE will work individually with accredited providers that might be affected by this definition as they transition to an independent corporate structure that is acceptable in the context of the ACPE's Standards for Commercial Support. It is ACPE's expectation that any accredited provider that is, or is

currently owned by, a commercial interest will transition to a different corporate structure (or will withdraw from accreditation).

5. The August 2007 definition of 'commercial interest' seems to lump the people that secure the ads for the journal [i.e., publishers] into the camp of "promotion." Are entities that publish journals commercial interests? (SCS 5.1a)

No. The ACPE has never intended that organizations (e.g., text-book/journal publishing company, specialty society) or people in organizations that are responsible for the production, layout, administrative, and operational aspects of a medical journal or text-book be defined as commercial interests. These organizations or people may sell advertising space to entities that are commercial interests, but that **does not** make them involved in the marketing of a commercial interest's product. The person or organization that creates or buys the advertising space on behalf of a commercial interest is involved in marketing.

However, the people that are publishers and the people that are executives of accredited providers that generate income from the sale of advertising and promotional space have financial relationships with commercial interests as a result of these transactions. The ACPE **does** consider these financial relationships to create conflict of interest in CPE if, or when, the publisher and/or executive have control of CPE content. As for all such conflicts in CPE the accredited provider will be expected to have mechanisms in place to identify and resolve these conflicts of interest as necessary. (See ACPE Standards for Commercial Support, Standard 5.2 for more information.)

6. Can an accredited provider ask a commercial interest for suggestions related to topics or speakers for CPE? (SCS 5.1a)

No. There is no reason for the CPE provider to request suggestions for speakers or topics from commercial interests -- since it is unacceptable to act upon their suggestions. The ACPE believes that CPE can receive commercial support from industry without receiving any advice or guidance, either nuanced or direct, on the content of the activity or on who should deliver that content. If the provider implements the suggestions of the commercial interest then this creates the situation where the independence of CPE from the commercial interest is seriously undermined. The provider must ensure that the content of the CPE remains beyond the control of any commercial interest. The process to develop the CPE must be independent of any commercial interest. Accredited providers must not allow commercial interests to directly (SCS 5.1a) or indirectly (SCS 5.3b) control the content of CPE.

7. What is the Provider to do if a commercial supporter of an activity says the content of the activity is not accurate -- or unreasonably favors their product? (SCS 5.1a)

There is no CPE reason for commercial supporters to review and comment on CPE content prior to its delivery to learners. The ACPE believes that CPE can receive commercial support from industry without receiving any advice or guidance, either nuanced or direct, on the content of the activity or on who should deliver that content.

As has always been the case, issues could be brought directly to the ACPE by commercial supporters if commercial supporters believe that a provider does not meet ACPE's expectations under the ACPE Standards for Commercial Support (e.g., freedom from bias, balance, or the ACPE Content Validation Policies). This will contribute significantly to the ACPE's ability to enforce its policies.

QUESTIONS RELATED TO SCS 5.2a

1. Can individuals disclose relevant financial information to a provider verbally?

Yes. Verbal disclosure to the provider is acceptable as long as the provider can verify for ACPE at accreditation what information was collected for the conflict of interest identification and resolution processes.

2. Is it necessary to collect disclosure information on relevant financial relationships from a speaker each and every time the speaker participates in a CPE activity?

No. It is not necessary to collect disclosure information on relevant financial relationships from a speaker, planner, or author each and every time that individual has control over the content of a CPE activity. The provider must be able to show ACPE that everyone who has control of CPE content has disclosed all relevant financial relationships with any commercial interest to the provider. Disclosure can occur by the provider utilizing disclosure information from a database, previous CPE activities, or another institution and then verifying that those relationships (or lack of relationships) are current and applicable to the applicable CPE activity.

3. What financial relationships need to be disclosed to the accredited provider?

Individuals need to disclose relationships with a commercial interest if both (a) the relationship is financial and occurred within the past 12 months and (b) the individual has the opportunity to affect the content of CPE about the products or services of that commercial interest.

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. ACPE considers relationships of the person involved in the CPE activity to include financial relationships of a spouse or partner. The ACPE has not set a minimum dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship.

4. When do relationships create "conflicts of interest?"

ACPE considers financial relationships to create actual conflicts of interest in CPE when individuals have both a financial relationship with a commercial interest **and** the opportunity to affect the content of CPE about the products or services of that commercial interest.

5. Where is the 'conflict?'

When the provider's interests are aligned with those of a commercial interest the interests of the provider are in 'conflict' with the interests of the public. The interests of the people controlling CPE must always be aligned with what is in the best interests of the public.

6. How do these circumstances create a conflict of interest?

The potential for increasing the value of the financial relationship with the commercial interest creates an

incentive to influence the content of the CPE – an incentive to insert commercial bias. Commercial bias is prohibited in CPE.

7. If at the first planning meeting for a CPE activity, all committee members are asked to disclose, and each member responds that he/she has nothing to disclose (or disclose something), and this information is reflected in the minutes of the meeting – is that enough documentation that disclosure was sought?

Yes. That documentation would help verify that the first step of a mechanism for identifying conflicts of interest is in place. That would document for ACPE that the provider knew the relevant financial relationships of the Committee members.

8. Following up on that question, do we need committee members to sign a disclosure statement at every meeting while planning the same activity?

No. Compliance with the standard requires that disclosure is made. Disclosing the same information repeatedly to the same provider is not necessary. With the original disclosure information, the provider is able to implement its mechanism to resolve any conflicts of interest.

QUESTIONS RELATED TO SCS 5.2b

9. Is failure to return or provide disclosure information on relevant financial relationships the same as a refusal to disclose?

Yes. Refusal to disclosure is not limited to the explicit act of saying "no" to a provider's request for such information. Unresponsiveness that precludes the provider from implementing a mechanism to identify and resolve COI is equivalent to a refusal.

10. Is it acceptable to provide some latitude in disqualifying individuals who "refuse" to disclose by giving everyone one chance to refuse to disclose before actually disqualifying them?

No. ACPE expects providers to disqualify all individuals each time they refuse to provide information on their relevant financial relationships.

11. What do we do when we appoint a person to speak at the last minute and when the person arrives at the activity they refuse to disclose relationship information?

You must not carry on with the activity under these circumstances. The person cannot participate if they refuse to disclose because conflicts of interest can neither be identified nor resolved.

QUESTIONS RELATED TO SCS 5.2c

12. Can a provider leave it up to an individual who controls content to determine if his/her relevant financial relationship creates a conflict of interest that needs to be resolved?

No. The provider cannot delegate the responsibility for resolving the conflict of interest to the person with the conflict of interest. However, an individual who controls CPE content can be involved in the mechanism by being expected to take specific actions to resolve his/her conflict (ex: removing bias, using an evidence-based approach) under the supervision of the provider.

13. Can a provider choose to implement a mechanism to resolve conflicts of interest only for relationships they deem to have created "substantial" conflicts of interest?

No. If there is any relevant financial relationship, there is a conflict of interest. A mechanism to resolve conflicts of interest must be implemented in all such cases.

14. What do we do when we appoint a person to speak at the last minute and we have not had time to analyze disclosure information, never mind try to resolve any conflicts of interest?

It is reasonable to expect that providers would have plans to manage this contingency as part of their institutional mechanisms for resolving conflicts of interest. Each provider is free to develop the strategy that best suits their circumstances.

15. What if, based on the disclosure information that we collect, we believe there is a conflict of interest? Does ACPE have any examples of mechanisms to resolve conflicts of interest?

Please keep in mind that these are only suggested mechanisms. Each provider will want to design and adopt a mechanism that works best for its structure and type of activities. The intent of the Standards is that any content about products is aligned with the best interest of the pharmacist learners, pharmacy technicians and their patients. Some suggestions are:

- a. **"Peer review" of CPE is often already in place and is a mechanism to resolve conflict of interest:** Scientific abstracts or free-standing papers or articles in enduring materials are often already peer reviewed or judged against predetermined criteria to ensure the data supports the conclusions before they are accepted for presentation or publication. When people have relationships but are presenting the abstract or paper within a peer review process, the conflict may well be resolved by that peer review process. Similarly, groups of people working together to do reviews of activity content prior to publication can resolve conflicts of interest by ensuring the content is valid and aligned with the interest of the public. Multiple levels of peer review to validate content are also effective mechanisms for resolving conflict of interest.
- b. In the presence of some form of oversight by the provider, **referencing the "best available evidence" is also an important mechanism for resolving conflict of interest.** Consider the situation where a person who does promotional education on a particular drug for a commercial interest is asked to analyze an important, very new, clinical trial report on that drug and present recommendations for how to use that drug in clinical practice. The content of the activity (in this case the faculty recommendations) can be aligned with what is in the best interests of the public by the teacher referencing the best available evidence in the literature, the grade or level of that evidence and by identifying the conclusions that the evidence support. Through integrating what this best available evidence supports with what the new study has revealed the person can go on to draw conclusions or formulate recommendations. When nested within some form of peer-review or oversight process there is even external validation of the conclusions.

16. How does a provider implement a mechanism for resolving conflicts of interest? It all seems very abstract and daunting, and seems to imply that experts with financial relationships must be excluded.

What follows is an example of how several tactics can be tied together by the provider into a mechanism to resolve conflicts of interest that could demonstrate the provider's compliance with the ACPE requirements, and preserve participation of experts with financial relationships.

1. Determine through disclosure mechanisms if those involved in planning or presenting content within a CPE activity have financial relationships related to that content.
2. If planners, presenters or authors have financial relationships that create conflict of interest,
 - a. The conflict can be resolved by an **effective peer review of content** prior to presentation or publication to ensure the content is valid and aligned with the interest of the public. Various methods of peer review to validate content can be effective mechanisms for resolving conflict of

interest. One way to resolve the conflict of interest is to have scientific abstracts or free-standing papers or articles, peer reviewed or judged by commercially disinterested peers before they are accepted for presentation or publication.

b. In addition, requiring that all financial relationships be disclosed prior to an activity will alert participants (audience, readers) of the potential for conflict of interest and commercial bias. **Participants should be asked to evaluate the objectivity of the presentation** or publication, and to identify any perceived commercial bias.

c. Also, presenters, authors, planners and reviewers could be **instructed to reference the best available evidence**.

17. If disclosure information cannot be analyzed in a timely fashion, is it appropriate for the activity or presentation to go on without formal CPE credit?

ACPE has never recommended withholding CPE credit at the last minute as an alternative to producing CPE that is in compliance with accreditation requirements. It does not seem fair to the physician learners. Assuming that in this scenario there is financial relationship information to disclose to the learners, a mechanism to resolve conflicts of interest could still be put in place. For example, the participants could be asked to evaluate the objectivity of the presentation and the Provider could make it clear to the faculty that there is an expectation that the information presented must be based on evidence as accepted in the literature by the healthcare professions.

18. Could a faculty disclosure/attestation form be used as a part of a mechanism to identify and resolve conflicts of interest?

Yes. A form could be a tool for collecting data and helping to identify individuals who control content within an activity who have no relevant financial relationships and those who do have relevant financial relationships. A form may also serve to inform faculty/authors about a provider's expectations of the faculty/authors in the context of the provider's plans for identifying and resolving conflict of interest. Merely the existence of a form, however, does not in itself meet the ACPE's requirements for resolving conflicts of interest. The ACPE expects that individuals might be directed to take action by a disclosure/attestation form...and those actions would represent the provider's mechanism(s) to resolve conflicts of interest. For example, the disclosure/attestation form may ask those who control content and have conflicts of interest to base their presentations on the best available evidence and be prepared to have some or all of their materials reviewed by peers. In this example, the use of the disclosure/attestation form allows for and serves to document compliance with SCS 5.2a (identifying conflicts of interest) and the actions of those who are directed by the form demonstrate compliance with SCS 5.2c (implement a mechanism to resolve conflicts of interest).

19. Can faculty take an active role in the provider's mechanism(s) to resolve conflicts of interest?

Yes. Resolving conflicts of interest means individuals taking explicit actions prior to the educational activity to create CPE content that is valid and free of commercial bias -- even in the presence of relevant financial relationships. ~~In the construct of the current CPE system, the development and presentation of CPE content is most often the responsibility of faculty/authors. Therefore, the ACPE considers faculty/authors to be a part of the accredited provider. So, when the provider directs faculty/authors to take actions to assist in the identification and resolution of conflict of interest, a provider's mechanism is being implemented. The provider might then monitor the effectiveness of the actions taken by the faculty/authors to resolve conflicts of interest. Keep in mind that simply monitoring the CPE content at the time of presentation is not and cannot be the resolution mechanism.~~

20. We use "peer review" as our mechanism to resolve conflicts of interest. We read the content of

each presentation, looking for commercial bias and content that is not supported by evidence. Does this resolve conflict of interest?

No . *"We read the content of each presentation, looking for commercial bias and content that is not supported by evidence"* is a mechanism to identify commercial bias and invalid content but it does nothing to change the content so that the bias is gone and the content is valid. As described, it is a monitoring or screening process. If used before the activity it is a screening process -- and action needs to be taken to revise the content if commercial bias or invalid content are identified. If used after the activity, it is a monitoring process -- and could produce information on the effectiveness of the provider's mechanism to resolve conflicts of interest. System improvements may follow, if warranted.

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| Standards for Commercial Support, 5.3: Appropriate Use of Commercial Support |
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QUESTIONS RELATED TO SCS 5.3a

1. Can a provider offer commercial interests different levels of designation for different amounts of commercial support, e.g., gold, silver, and bronze categories for commercial support at three different levels?

Yes. A provider can implement practices to designate different categories of commercial supporters for different amounts of commercial support.

2. What is "commercial support?"

Commercial Support is financial, or in-kind, contributions given by a *commercial interest*, which is used to pay all or part of the costs of a CPE activity.

3. Can the commercial support be spent directly by the commercial supporter on costs (i.e. honorariums, meals, etc.) related to the CPE activity?

No. The commercial support must go first to the provider or a provider's cosponsor or a provider's educational partner.

QUESTIONS RELATED TO SCS 5.3b

4. Can a commercial supporter direct the content of CPE?

No. The provider must ensure that the content of the CPE truly remains beyond the control of the commercial supporter. The process to develop the CPE must be independent of the commercial interest. Providers must not allow commercial supporters to directly (SCS 5.1a) or indirectly (SCS 5.3b) control the content of CPE.

5. How should an accredited CPE provider respond to a request by a commercial supporter to review materials for an upcoming CPE activity?

Under ACPE Standards and policies, there is no requirement for an accredited provider to share the content of an independent CPE activity prospectively or retrospectively with any person or organization. An accredited provider would be out of compliance with SCS 5.1a and 5.3b if it were obligated to allow a content review by a commercial supporter as a condition of its contributing funds or services.

QUESTIONS RELATED TO SCS 5.3c

6. Can there be commercial support that the provider does not know about?

No. The provider or its agents (e.g., staff, managers, educational partners or cosponsors) must decide what commercial support will be accepted and how it will be spent or used.

7. How does the CPE provider pay for its services in the production and distribution of a CPE activity? Can they take a portion of the grant monies to pay for their activity-related expenses, e.g., statements of credit, mailings?

Yes. The funds from commercial support may be used by the provider to pay for the cost of the activity including for example, the distribution of statements of credit and other mailings, as required.

QUESTIONS RELATED TO SCS 5.3d,e,f

8. As more commercial interests are moving to online and electronic commercial support application processes, is there any type of confirmation or verification regarding the written agreement for commercial support that can be used as a surrogate for a signature?

Yes. ACPE accepts electronic signatures as evidence that written agreements are signed. In addition, ACPE has received a few examples of online and electronic commercial support application processes that provide a structure and specific terms that meet ACPE's expectations for written agreements. ACPE is continuing to review commercial interests' online and electronic application processes and requests that providers contact ACPE if the need arises for affirmation of the adequacy of a specific online system in fulfilling ACPE's requirements for a written agreement and/or signature(s) on the agreement.

However, a provider will be found in Noncompliance with SCS 5.1a and SCS 5.3b if the provider enters into a commercial support agreement where the commercial supporter specifies the manner in which the provider will fulfill the requirements of the ACPE's Policies and Standards.

9. Must the commercial support be given as a single lump sum grant or payment?

No – commercial support does not have to be in a single payment or grant.

10. Can you tell us what elements must be included in the written agreement?

When there is commercial support there must be a written agreement that,

- Itemizes how the provider will use the commercial support in the development and presentation of the CPE activity;
- Itemizes the organizations involved in the activity (e.g., cosponsors, education partners, managers);
- Specifies the organizational name of the commercial interest(s) that supplied the funds;
- Specifies what funds or in-kind services will be given by the commercial supporter to support the provider's activity; and
- Is signed and dated by the commercial interest and the accredited provider prior to the activity taking place.

11. Can the commercial supporter require that the payment of the funds to the provider be conditional upon the provider delivering the activity, as promised?

Yes.

12. Can a commercial supporter require in the written agreement that unexpended funds be returned to the commercial supporter?

Yes.

13. Can we use a letter of agreement written by a commercial supporter?

Yes. The agreement must describe the terms, conditions and purposes of the commercial support grant and be signed by the commercial supporter and the accredited provider.

14. Can a commercial supporter stipulate that if they do not approve of what was said -- or what will be said -- that they will not pay the commercial support?

No. This stipulation implies a control of content and acts as a disincentive to professional autonomy that is unacceptable in continuing pharmacy education.

15. When an accredited provider is working in cosponsorship or has designated a third party to receive and disburse commercial support funds for a CPE activity, what organization's names and signatures must be included on the written agreement for commercial support? What is the time frame in which the written agreements must be signed?

ACPE expects that written agreements for commercial support will:

- be between the accredited provider and commercial supporter. (This means that the accredited provider's name and commercial supporter's name must be included in the written agreement as the parties entering into the agreement for commercial support.)
- include the name of the cosponsor or third party that would be receiving and disbursing the funds (when applicable).
- be signed by both the accredited provider and the commercial interest providing the commercial support. Third parties and/or cosponsors may also sign the written agreement but may not sign it instead of the accredited provider.
- be signed prior to the activity taking place.

16. What does ACPE mean by 'control' in its expectation that a provider make certain decisions free from the 'control' of a commercial interest?

ACPE expects that the provider makes decisions related to the planning and implementation of CPE activities without being directed or influenced by commercial interests.

17. Can an accredited provider be added as a party to a written agreement for commercial support after the original agreement was executed?

Yes. An accredited provider can fulfill the expectations of SCS 5.3d to 5.3f by adopting a previously executed agreement between an accredited provider and a commercial supporter and indicating in writing their acceptance of the terms and conditions specified and the amount of commercial support they will receive.

QUESTIONS RELATED TO SCS 5.3g,h

18. Why is ACPE requiring that providers have their own policies and procedures governing honoraria?

ACPE intends for the CPE provider to be the one to decide how much people are paid for their services as planners, faculty, and authors in CPE activities.

QUESTIONS RELATED TO SCS 5.3i

19. Can a commercial supporter supplement their contributions to the activity by additional direct payments to people involved in the activity?

No. All commercial support must be stipulated by a written agreement and must flow through the provider and/or its educational partner. Only the provider and/or its educational partner can make payments to people for their role(s) in the activity.

QUESTIONS RELATED TO SCS 5.3j

20. Can providers pay some of the expenses of people who are both faculty and learners?

Yes – but CPE providers need to be sure that these people have bona fide faculty roles. It is unacceptable for anyone other than the provider, or its agents, to receive direct financial benefit from commercial

support.

QUESTIONS RELATED TO SCS 5.3k

21. How can meals or social events compete with educational events?

Meals or social events compete with educational events when they happen at the same time in a different location or when they are the main attraction at the educational activity.

22. How can meals or social events take precedence over educational events?

Using commercial support to pay for modest meals and social events at CPE activities has been allowed for years. However, providers must separate the serving of the meal and/or social event with the education.

23. Are meal-time speakers prohibited?

No they are not prohibited. Working and learning through meal time is an efficiency often included in bona fide CPE activities.

QUESTIONS RELATED TO SCS 5.3l

24. Whose expenses can be paid for out of the commercial support?

Commercial support underwrites the provider's expenses for developing and presenting an activity. Commercial support can be used to pay for the expenses of faculty and authors as well others who are working for the provider on the activity.

25. Many providers produce CPE activities paid for entirely by commercial support with no charge to the participants. Typically these activities include a modest meal. Commercial support has been used to pay for this meal as part of the activity. Are meals still allowed as part of CPE activities?

Yes. ACPE considers meals arranged by the provider in conjunction with an activity to be an appropriate part of the expenses of a meeting and can be paid for out of the commercial support. As a reminder, serving of meals should not interfere with the educational session.

QUESTIONS RELATED TO SCS 5.3m

26. What kind of documentation of commercial support is expected?

ACPE expects to be able to review income and expense statements for all CPE activities. These statements must reflect:

- *Significant sources of income:* Including income from commercial support, advertising and exhibit fees, tuition and registration fees, internal budget allocations and any other source that represents greater than 20% of total income.
- *Significant expenses:* Including staff salaries, meeting costs, honoraria, faculty travel expenses and any other item that represents greater than 20% of total expense.

27. Can a commercial supporter ask for an accounting of how their commercial support has been spent?

Yes. It is appropriate for an accounting of how the commercial support has been spent to be included in

the written agreement between the provider and the commercial supporter.

28. Does an accredited provider have to give a list of its participants to its commercial supporters?

No. The ACPE has no specific policy on this matter. The decision is an organizational one for the provider.

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| Standards for Commercial Support, 5.4: Appropriate Management of Associated Commercial Promotion |
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QUESTIONS RELATED TO SCS 5.4a

1. Is it acceptable to say, "In exchange for \$5,000 of commercial support we will produce the CPE activity and as a commercial supporter you will get an acknowledgment and a 4 x 4 sq ft booth in the exhibit hall. In exchange for \$25,000 of commercial support, we will produce the CPE activity and you will get an acknowledgment and a 20 x 20 sq ft booth in the exhibit hall along with the opportunity for your sales staff to promote your products at an evening reception"?

No, in this scenario the commercial interest is giving commercial support and getting promotional and sales opportunities. Opportunities for advertising and promotion are being purchased with commercial support and have become a condition of the support. Both of these are **Not in Compliance** with this Standard.

The commercial interest should buy advertising and promotion opportunities with resources designated for that purpose. If an agreement for advertising or promotion is struck between the two parties it must be outside the written agreement for commercial support described in Standard 5.3 of the SCS.

With respect to commercial support, the terms and conditions of the support must be described in a written agreement between the accredited provider and the commercial supporter as delineated in Standard 5.3 of the SCS. Any event or product that contains advertising or promotional opportunities must not be part of the educational CPE activity and must not be paid for by commercial support. Normally these are assigned to the "exhibit hall," advertising pages or screens or promotional receptions or meals, all of which are clearly identified as such by the learner.

2. Are advertising and exhibit opportunities always to be offered to commercial supporters?

No. Payment and arrangements for advertising and exhibits are separate, business transactions. They are payment for the sale of promotional space.

3. Is the provider responsible for the content of advertising and exhibits?

No. The provider is not accountable to the ACPE for the content of advertising and exhibits. The information transferred in an advertisement or exhibit is not part of the provider's program of continuing pharmacy education activities.

QUESTIONS RELATED TO SCS 5.4b

4. Does SCS 5.4b represent a change for enduring materials?

This is a more detailed description of the requirements that must be followed if there is advertising in enduring materials. There can be advertising before and after the CME content of an enduring material but those advertisements cannot be related to the content of the CME and cannot have been paid for by the commercial supporter.

5. Where can providers put advertisements in printed enduring materials and printed journal-based CPE and still be in compliance?

- In **journal-based CPE** there cannot be an advertisement within the pages of the article on which the activity is based. There can be advertisements between articles.
- In a **print enduring material** there can be advertisement at the end and the beginning of the CPE content but nowhere else in the enduring material.

6. What does ACPE mean by 'space or place?'

Twenty years ago, most CPE occurred in a lecture hall. Now, learning activities occur in many different environments including electronic media, and ACPE intends that all of these places and spaces of CPE activity need to be protected from encroachment by advertising, sales or promotional activity.

QUESTIONS RELATED TO SCS 5.4c

7. What can and what cannot have advertising?

ACPE insists on the separation of education from all promotional activities, materials and messages. Many providers create a print or text based document that goes along with an activity and provides information that is supplementary to the education content – like reproductions of slides, graphics or other handouts. These documents, in print or electronic, are an integral part of the education and as such cannot have any advertising, trade name or a product-group message associated with them.

8. Our program book has abstracts in it but we give no CPE credit for the abstracts – there is no problem having advertising in the program book – correct?

It depends on what the Program Book, with abstracts, is used for in relation to the CPE activity. If the abstracts are referenced during the activity or serve as a component of the content, then there can be no advertising in the Program Book. If the abstracts are not referenced as part of the CPE content, and appear in the Program Book with all other logistical information about the activity, then there can be advertising.

QUESTIONS RELATED TO SCS 5.4d

9. Does SCS 5.4c refer to what we call a "program book"?

Yes. It contains logistical and organizational information and not education materials. It contains maps and floor plans but not slides and not abstracts.

QUESTIONS RELATED TO SCS 5.4e

10. Does this mean that ACPE is prohibiting commercial supporters and other commercial interests from distributing CPE enduring materials to physicians?

No. The regulation of commercial interests' promotional activities is not within the scope of ACPE's responsibility. SCS 5.4e is about the **providers'** role in separating promotion from education. ACPE is asking accredited providers to use their own distribution channels for CPE activities. For example, having a CPE enduring material created so as to be used in promotional visits to physicians' offices is **not** in keeping with the concept of separating CPE from promotion.

11. Can the provider use a commercial supporter to distribute promotional materials for CPE activities, e.g., "save the date cards, brochures?"

Yes.

12. What if a commercial entity is interested in buying a CPE product and approaches the CPE provider? Is it acceptable to sell the product to it?

Yes. A provider would not be out of compliance with the Standards for Commercial Support.

13. Can a CME provider distribute its CME activity via a television channel, website, or other type of communications vehicle that is owned by a commercial interest?

No. Communication or distribution mechanisms that are owned or controlled by a commercial interest cannot be used to transmit or distribute continuing medical education activities to learners (e.g., a cable TV network or website owned and controlled by a commercial interest).

14. Can representatives from a commercial supporter be in the room during the educational session?

Yes. Representatives from a commercial supporter may be in the room during the educational session, however, cannot promote any product.

15. Can sales representatives distribute CE offerings?

Sales representatives should not be involved in audience selection decisions. The provider is cautioned to using sales representatives as distributors of CE offerings. The goal is to avoid any *perception* of bias.

16. Can a continuing education offering be conducted in an exhibit hall?

No. Continuing education activities should not be offered in an exhibit hall. Education should be kept separate from any type of promotional influence.

17. Can a commercial sponsor have a table to promote products in the same room as the educational session?

No, education must be separate from promotion. Promotional materials must be out of the room and not necessarily in one's path so as to perceive possible commercialism.

QUESTIONS RELATED TO SCS 5.5a

1. What if an activity does in fact imply that a certain product or service is better than another?

CPE exists to support the practice change and learning -- so as to increase the pharmacists' ability to participate in providing quality healthcare or improved healthcare. ACPE expects that providers will always be able to demonstrate how each activity contributes to quality and/or improvement in healthcare, and is, therefore, aligned with what is in the best interest of the public.

2. Since the updated SCS do not mention off-label usage, does that mean that disclosure for off-label uses is no longer required or that discussion of off-label uses is not allowed in a CPE activity?

Discussion of off-label uses are certainly allowed in CPE activities. However, providers are no longer required to have a mechanism in place to ensure that off-label or investigational uses are disclosed as such. ACPE encourages providers to guide faculty to include the level of evidence regarding all clinical and therapeutic recommendations for educational activities. Specifically, all the recommendations involving clinical medicine in a CPE activity [are] based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CPE in support or justification of a patient care recommendation [conforms] to the generally accepted standards of experimental design, data collection and analysis.'

QUESTIONS RELATED TO SCS 5.5b

3. Does CPE have to give 'equal time' to all modalities of therapy (e.g., surgical vs. medical)? Does CPE have to give 'equal time' to all formulations of a drug or all products in a class of products?

CPE must be free of commercial bias. CPE must not promote products or services. CPE must promote improvements in healthcare. A 'balanced view' means that recommendations or emphasis must fairly represent, and be based on, a reasonable and valid interpretation of the information available on the subject (e.g., "On balance the data support the following ..."). A 'balanced view of therapeutic options' also means that no single product or service is over represented in the education activity when other equal but competing products or services are available for inclusion.

4. Can we discuss drugs by brand name?

Generic names should be used. If brand names are included, all brand names for a given generic product should be listed.

Standards for Commercial Support, 5.6: Disclosures Relevant to Potential Commercial Bias

QUESTIONS RELATED TO SCS 5.6a

1. If we have taken appropriate steps to resolve conflicts of interest what is there left to disclose?

Informed learners are the final safeguards in assuring that a CPE activity is independent from commercial influence. Regarding personal conflicts of interest, CPE providers are to have in place mechanisms to identify and resolve conflicts of interest. While these mechanisms should greatly reduce the potential for conflicts of interest to affect CPE content, a potential for influence remains. Disclosing to learners the relevant financial relationships that were present and resolved assists learners in assessing the potential for bias in information that is presented. ACPE believes this disclosure contributes to the transparency and accountability of the system.

2. What does ACPE mean by 'nature of relationship'?

The 'nature of the relationship' means the role they play or service they provide in exchange for some form of compensation (e.g., employment, management position, independent contractor including contracted research, consulting, speaking and teaching, membership on advisory committees or review panels and board membership). ACPE has **not** set a minimum dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship therefore the dollar value of the relationship does **not** need to be disclosed.

QUESTIONS RELATED TO SCS 5.6b

3. What does disclosure of no relevant financial relationships add to the system?

This allows the learners to distinguish between missing disclosure information and the circumstances where there is nothing to disclose.

QUESTIONS RELATED TO SCS 5.6c

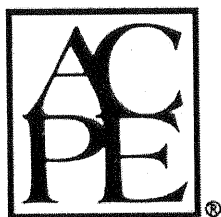
4. Is disclosure of commercial support different than disclosure of financial relationships?

Yes. Commercial support is given to the accredited provider and the accredited provider must disclose its existence to the learner. The presence of commercial support is critical information. The disclosure of commercial support is not an opportunity for product advertising but rather it must be restricted to the name of the corporate entity that provided the financial or specified in-kind support.

QUESTIONS RELATED TO SCS 5.6c,d,e

5. Can a commercial supporter's logo be used to acknowledge support?

While the logo can appear, the provider cannot acknowledge support only by showing the commercial supporter's logo. The acknowledgement needs to specifically tell the learner that the commercial supporter gave support for the activity. The acknowledgment of commercial support cannot contain any product promotion.

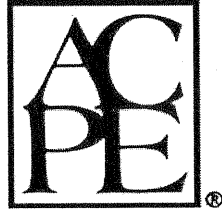


Accreditation Council for Pharmacy Education

Accreditation Standards for Continuing Pharmacy Education

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Glossary

Accreditation Council for Pharmacy Education (ACPE) Overview

The Accreditation Council for Pharmacy Education is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education. ACPE was established in 1932 for the accreditation of professional degree programs in pharmacy. In 1975 its scope was broadened to include accreditation of providers of continuing pharmacy education (www.acpe-accredit.org).

THE MISSION OF ACPE IS TO ASSURE AND ADVANCE QUALITY IN PHARMACY EDUCATION.

ACPE is an autonomous and independent agency whose Board of Directors is appointed by the American Association of Colleges of Pharmacy (AACP), the American Pharmacists Association (APhA), the National Association of Boards of Pharmacy (NABP), and the American Council on Education. Since the inception of its accreditation agency recognition program in 1952, ACPE has been recognized by the U.S. Department of Education, and in April 2004, received recognition by the Council for Higher Education Accreditation.

State boards of pharmacy require that licensure applicants from the United States be graduates of an accredited pharmacy degree program to be eligible to sit for the North American Pharmacist Licensure Examination™ (NAPLEX®). In addition, all state boards of pharmacy require pharmacists to participate in accredited or otherwise approved continuing education activities for relicensure. A growing number of state boards of pharmacy require pharmacy technicians to participate in continuing education for re-registration or relicensure. These Standards were created in order to meet those requirements.

Revision of Standards: Background

All accrediting bodies, including ACPE, periodically review and revise their standards for currency and appropriateness. The factors that prompted ACPE to conduct a reassessment of existing CPE requirements for provider accreditation include:

- Experience gained by ACPE in its accreditation reviews since the adoption of the *ACPE Criteria for Quality and Interpretive Guidelines* in 1977.
- Feedback from ACPE stakeholders regarding quality improvement of the *ACPE Criteria for Quality and Interpretive Guidelines*.
- Revision of the *Accreditation Standards and Guidelines for the Professional Degree Program in Pharmacy Leading to the Doctor of Pharmacy Degree* ("Standards 2007"): The standards and guidelines have been refined to ensure the development of students who can contribute to the care of patients and to the profession by practicing with competence and confidence in collaboration with other health care providers. The standards place greater emphasis on desired scientific foundation and practice competencies, the manner in which programs need to assess students' achievement of competencies, and the importance of the development of the student as a professional and lifelong learner. The standards focus on the development of students' professional knowledge, skills, attitudes, and values, as well as sound and reasoned judgment and the highest level of ethical behavior. (www.acpe-accredit.org)
- Revision of AACP's Center for the Advancement of Pharmaceutical Education (CAPE) Educational Outcomes in 2004 was guided by a consultant and an advisory panel of educators and practitioners. These educational outcomes are intended to be the target toward which the evolving pharmacy curriculum should be aimed. (www.aacp.org)
- The 2005 publication of The Joint Commission of Pharmacy Practitioners' *Vision of Pharmacy Practice 2015*, accepted by the governing boards of 11 pharmacy organizations, including ACPE.
- The Medicare Modernization Act of 2003 that established the need for medication therapy management services provided by pharmacists for high-risk patients (www.cms.hhs.gov).
- Reports from the Institute of Medicine (www.iom.edu) suggesting changes in the current health care system to improve medication safety and patient outcomes, including the five competencies that all health care professionals should attain during their education and training.
- The growing number of pharmacy technicians who require continuing education to renew their certification and/or registration.
- Revision of ACPE's *Definition of Continuing Education for the Profession of Pharmacy* to differentiate CPE for pharmacy technicians as defined by the practice analysis for certified pharmacy technicians.

Revision of Standards: Differences

- Title: Changed from ACPE Criteria for Quality and Interpretive Guidelines to *ACPE Standards for Continuing Pharmacy Education* for clarity and organizational consistency.
- Philosophy and emphasis: The CPE standards were designed to facilitate the continuum of learning as defined in Standards 2007. Standards 2007 emphasizes the foundation needed for development of the student as a lifelong learner and the *Standards for Continuing Pharmacy Education* should provide a structure as students make the transition to practicing pharmacists.
- The Standards emphasize that pharmacists and pharmacy technicians should:
 - identify their individual educational needs
 - pursue educational activities that will produce and sustain more effective professional practice in order to improve practice, patient, and population health care outcomes
 - link knowledge, skills, and attitudes learned to their application of knowledge, skills, and attitudes in practice
 - continue self-directed learning throughout the progression of their careers
- The Standards guide CPE providers to:
 - advocate for the lifelong learning of pharmacists and technicians
 - emphasize systematic, self-directed learning
 - educate pharmacists and technicians about available activities in their specific practice areas
 - identify and meet the educational needs of pharmacists and technicians
 - focus on the educational needs of pharmacists and technicians rather than on the number of participants or activities conducted
 - assure that faculty take an active role in delivering content so that pharmacists and technicians are actively engaged in their learning
 - include active learning strategies to enhance knowledge retention and application in practice
 - assess participant learning from a CPE activity
 - evaluate the impact of CPE activities in pharmacy practice
- Format: The Standards are organized in four sections - Content, Delivery, Assessment, and Evaluation - with an introductory paragraph describing the intent and context of each section. The Standard is defined and an explanatory Guidance section follows.
- Terminology: The Standards use the phrase 'pharmacists and technicians' as the recipients for CPE activities. Please note that it is acceptable for some providers to design CPE activities for pharmacists only; to design CPE activities for pharmacy technicians only; and, for some providers to design CPE activities for both pharmacists and pharmacy technicians.

Standards for Continuing Pharmacy Education

Section I: Content of Continuing Pharmacy Education (CPE) Activities

The purpose of the standards in this section is to ensure that the provider's continuing pharmacy education program has a clearly articulated mission, desired goals and a planning process to achieve the mission and goals. The mission, goals, and activities must be related to the vision and educational needs of the profession of pharmacy to better serve society. As recommended by the Institute of Medicine for all health care professionals, pharmacists and pharmacy technicians must be educated to deliver patient-centered care as members of an interprofessional team, emphasizing evidence-based practice, quality improvement approaches, and informatics.

Standard 1: Goal and Mission of the CPE Program

Standard 2: Educational Needs Assessment

Standard 3: Continuing Pharmacy Education Activities

Standard 4: CPE Activity Objectives

Standard 5: Standards for Commercial Support

Standard 1: Goal and Mission of the CPE Program

The provider must develop a CPE goal and mission statement that defines the basis and intended outcomes for the majority of educational activities the provider offers.

Guidance

A CPE **goal** is a concise written statement of what the provider intends to achieve for pharmacy education. The CPE goal should address how a provider will assist pharmacists and technicians* to maintain and enhance their professional competencies to practice in various settings. These may include, but are not limited to:

- ensuring optimal medication therapy outcomes and patient safety,
- managing practice settings,
- satisfying the educational requirements for pharmacist relicensure, and
- meeting recertification requirements for pharmacy technicians.

A CPE **mission** statement should be consistent with the goals and specifically indicate the provider's short-term intent in conducting CPE activities, including the intended audience and the scope of activities. The mission and goals should be systematically evaluated and periodically updated to assure consistency among the mission, overall goals, and individual activities.

CPE is a structured educational **activity** designed to support the continuing professional development of pharmacists and technicians in order to help them maintain and enhance their competence. Each CPE activity should promote problem-solving and critical thinking and be applicable to the practice of pharmacy as defined by the current *Definition of Continuing Pharmacy Education* (Appendix I). CPE activities should be designed according to the appropriate roles and responsibilities of the pharmacists and technicians.

Note: The appendices are guides for ACPE-accredited providers as they develop CPE activity content appropriate for pharmacists and technicians.

Standard 2: Educational Needs Assessment

The provider must develop CPE activities based on a multifaceted process where educational needs are prospectively identified.

Guidance

Needs assessment should be completed before planning specific CPE activities and should guide content development and delivery.

* Terminology: The Standards use the phrase 'pharmacists and technicians' as the recipients for CPE activities. Please note that it is acceptable for some providers to design CPE activities for pharmacists only; to design CPE activities for pharmacy technicians only; and, for some providers to design CPE activities for both pharmacists and pharmacy technicians.

A needs assessment should employ multiple strategies to identify the specific gaps in knowledge or skills or areas for enhancement for pharmacists' and technicians' competence. The provider should identify gaps between what pharmacists and technicians do and what is needed and desired in practice.

Strategies for needs assessment should incorporate a method or methods in which representatives of the intended audience participate in identifying their own continuing education needs.

Standard 3: Continuing Pharmacy Education Activities

The provider must structure each CPE activity to meet the knowledge-, application- and/or practice-based educational needs of pharmacists and technicians.

Guidance:

Knowledge-based CPE activity. These CPE activities should be designed primarily for pharmacists and technicians to acquire factual knowledge. This information must be based on evidence as accepted in the literature by the health care professions. The minimum credit for these activities is 15 minutes or 0.25 contact hour.

Application-based CPE activity. These CPE activities should be designed primarily for pharmacists and technicians to apply the information learned in the time frame allotted. The information must be based on evidence as accepted in the literature by the health care professions. The minimum credit for these activities is 60 minutes or one contact hour.

Practice-based CPE activity. These CPE activities should be designed primarily for pharmacists and technicians to systematically acquire specific knowledge, skills, attitudes, and performance behaviors that expand or enhance practice competencies. The information within the practice-based CPE activity must be based on evidence as accepted in the literature by the health care professions. The formats of these CPE activities should include a didactic component and a practice component. The minimum credit for these activities is 15 contact hours.

Providers are not required to offer all three activity types. The CPE activities should be consistent with the provider's mission and appropriate to meet the identified pharmacist and technician needs.

Providers are encouraged to *guide* pharmacists and technicians to the best combination of CPE activities to meet their practice needs.

Standard 4: CPE Activity Objectives

The provider must develop objectives for each CPE activity that define what the pharmacists and technicians should be able to do at the completion of each CPE activity.

Guidance

Objectives must be:

- specific and measurable
- developed to specifically address the identified educational need (Standard 2)
- addressed by an active learning activity (Standard 7) and
- covered by a learning assessment (Standard 9)

Standard 5: Standards for Commercial Support (Appendix II)

The provider must plan all CPE activities independent of commercial interest. The educational content must be presented with full disclosure and equitable balance.

Appropriate topics and learning activities must be distinguished from topics and learning activities which are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug, device or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice it addresses).

Guidance:

The provider must:

- ensure independence in planning and delivery of CPE activities, and
- implement a mechanism to prospectively identify and resolve conflicts of interest during the planning process, and
- use commercial support appropriately, and
- manage commercial promotion appropriately, and
- present content that is without commercial bias, and
- disclose required information.

Section 2: Delivery of CPE Activities

The purpose of the standards in this section is to ensure that the provider delivers CPE activities to promote pharmacists' and technicians' learning and application of learned principles to practice. The teaching and learning methodologies used should foster the continued development of critical thinking and problem-solving skills, be applicable to the diverse learning needs of the pharmacists and technicians, and encourage the continuing professional development of pharmacists and technicians.

Standard 6: Faculty

Standard 7: Teaching and Learning Methods

Standard 8: Educational Materials

Standard 6: Faculty

The provider must communicate and collaborate with CPE activity faculty regarding the identified educational needs, intended audience, objectives, active participation, and learning assessments for each CPE activity.

Guidance

- a. Faculty should be selected based upon their knowledge of the subject matter; experience and teaching ability; and ability to meet the educational needs of the pharmacists and technicians.
- b. Information, verbal and written, should be provided to faculty to assure that CPE activities meet ACPE's *Standards for Continuing Pharmacy Education* for developing objectives, incorporating active learning opportunities, and appropriate assessments of learning.
- c. Faculty should disclose to the provider all relevant financial relationships with any commercial interest. In addition, the provider must have implemented a mechanism to identify and resolve any conflicts of interest prior to the education activity being delivered (Standard 5).

Standard 7: Teaching and Learning Methods

The provider must assure that all CPE activities include active participation and involvement of the pharmacist and technician.

Guidance

The methodologies employed should be determined by the CPE activity planned (Standard 3), objectives, educational content, and the size and composition of the intended audience.

The provider should design and implement active learning exercises as a component of live and home study instructional methods.

Standard 8: Educational Materials

The provider must offer educational materials for each CPE activity that will enhance participants' understanding of the content and foster applications to pharmacy practice.

Guidance

Educational materials should serve as a guide, provide additional sources of information, and include reference tools usable in practice.

Section 3: Assessment

The purpose of the standards in this section is to ensure that CPE activities employ appropriate learning assessments and that feedback is provided to pharmacists and technicians in a timely manner, enabling them to apply the learned content to practice.

Standard 9: Assessment of Learning

Standard 10: Assessment Feedback

Standard 9: Assessment of Learning

The provider in collaboration with faculty must include learning assessments in each CPE activity to allow pharmacists and technicians to assess their achievement of the learned content. Completion of a learning assessment is required for CPE credit.

Guidance

The provider may select formal and informal techniques for assessment of learning. Informal techniques typically involve participant discussions. Formal techniques, such as tests and quizzes, are typically individualized, written, and graded. The assessment should be consistent with the identified CPE activity objectives (Standard 4) and activity type (Standard 3).

Knowledge-based CPE activity. Each CPE activity in this category must include assessment questions structured to determine recall of facts.

Application-based CPE activity. Each CPE activity in this category must include case studies structured to address application of the principles learned.

Practice-based CPE activity. Each CPE activity in this category must include formative and summative assessments that demonstrate that the pharmacists and technicians achieved the stated objectives.

Standard 10: Assessment Feedback

The provider must ensure learner assessment feedback is provided to participants in an appropriate, timely, and constructive manner.

Guidance

The feedback provided should be consistent with the learning assessment (Standard 9), activity objectives (Standard 4), and activity type (Standard 3). Verbal and written feedback may be provided as follows:

Knowledge-based CPE activity. Feedback may include the correct response to questions. For incorrect responses, the provider is encouraged to communicate that the question was answered incorrectly and provide the rationale for the correct responses.

Application-based CPE activity. Feedback may include the correct evaluation of case studies. When responses are incorrect, the provider is encouraged to explain the rationale for the correct responses.

Practice-based CPE activity. Feedback should be provided based on the formative and summative assessments that were used to demonstrate that the pharmacist or technician achieved the stated objectives.

Section 4: Evaluation

The purpose of the standards in this section is to ensure that providers evaluate the effectiveness of CPE activities and program. Providers must have an evaluation plan that allows for a determination of the degree to which the mission and goals have been achieved. They must use this information for continuous quality improvement of their CPE programs.

Standard 11: Evaluation of CPE Activities

Standard 12: Achievement and Impact of CPE Mission and Goals

Standard 11: Evaluation of CPE Activity

Providers must develop and conduct evaluations of each CPE activity. The evaluations must allow pharmacists and technicians to provide feedback on the following items:

- applicability of the CPE activity to meet their educational needs
- achievement of each stated objective
- quality of faculty
- usefulness of educational material
- effectiveness of teaching and learning methods, including active learning
- appropriateness of learning assessment activities
- perceptions of bias or commercialism

Guidance

The above items are the minimum requirements for CPE activity evaluations. Providers are encouraged to evaluate additional items and assess whether the provider's stated mission and goals are achieved.

The feedback should be summarized for pharmacists and technicians separately and used in a systematic fashion for the purpose of ongoing improvement of the overall CPE program.

Standard 12: Achievement and Impact of Mission and Goals

Providers must establish and implement evaluation plans that assess *achievement* and *impact* of stated mission and goals (Standard 1). They must use this information for continuous development and improvement of the CPE program.

Guidance

An evaluation plan, that includes data collection and analysis, should be developed to document achievement of the provider's CPE mission and goals. Based on the results of the evaluation plan, the provider's mission and goals should be periodically updated.

In general, the impact of the provider's CPE program should be measured using the following levels:

- Participation: number of participants attending CPE activities
- Satisfaction: directly measuring satisfaction with learning activities, topic, level of content, and speaker's organization of the material
- Learning: pre- and post-tests, self-assessment tools, multiple choice, short answer, essays, presentations
- Performance: demonstration of skills, application of treatment guidelines
- Patient Health: compliance rates, reduced physician visits
- Population Health: morbidity/mortality, infection rates, readmission rates

Depending on the activity type, these six levels may be evaluated as follows:

Knowledge-based CPE activity. The levels that must be evaluated are participation, satisfaction, and learning.

Application-based CPE activity. The levels that must be evaluated are participation, satisfaction, learning, and performance (demonstration during the activity and intended application in practice).

Practice-based CPE activity. The levels that must be evaluated are participation, satisfaction, learning, performance (demonstration during the activity and application in practice post-activity), and, if applicable, patient and/or population health.

Appendix I. Accreditation Council for Pharmacy Education Definition of Continuing Education for the Profession of Pharmacy

What is the definition of continuing education?

Continuing education for the profession of pharmacy is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

What does 'applicable to the practice of pharmacy' mean?

In general, for guidance in organizing and developing CPE activity content, providers should ensure that, as for all health care professionals, pharmacists should develop and maintain proficiency in five core areas*:

- delivering patient-centered care,
- working as part of interdisciplinary teams,
- practicing evidence-based medicine,
- focusing on quality improvement and
- using information technology.

*Adapted from Institute of Medicine's Health Professions Education: A Bridge to Quality, April 2003.

Pharmacist competencies. Pharmacists should always strive to achieve the *Future Vision of Pharmacy Practice* (see Appendix A). Specific competency statements have been developed by the American Association of Colleges of Pharmacy and are expected to be achieved upon graduation from an ACPE-accredited professional degree program in pharmacy (see Appendix B: Center for the Advancement of Pharmaceutical Education, Educational Outcomes 2004). Pharmacy graduates need to take and pass the pharmacy licensure exam, NAPLEX[®], in order to practice pharmacy. NABP has developed the NAPLEX[®] Blueprint (see Appendix C: The NAPLEX[®] Competency Statements) as the competencies needed to pass the exam. These documents are synergistic in establishing the competencies required of pharmacists to enter practice and to continue as a student of pharmacy for a lifetime.

Pharmacy Technician Competencies. The Pharmacy Technician Certification Board (PTCB) has developed the Pharmacy Technician Certification Exam (PTCE) Blueprint as the competencies needed to pass the exam (see Appendix D: PTCB Exam Content Outline).

Note: The appendices should be used by ACPE-accredited providers as guides in developing CE activity content appropriate for pharmacists and/or pharmacy technicians.

How will CPE activities for pharmacists and pharmacy technicians be designated?

Promotional materials (brochures, advertisements, memoranda, letters of invitation, or other announcements) should clearly and explicitly identify the target audience that will benefit from the CPE activity. A CPE activity that includes pharmacists and pharmacy technicians should have specific and separate learning objectives described for both.

In addition, a Universal Program Number—an identification number—is assigned to each CPE activity developed and sponsored, or cosponsored, by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g. 197), the cosponsor designation number (000 for no cosponsor, 999 for all cosponsors), the year of CE activity development (e.g., 09), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g., 001), and the topic and format designators (see below).

Cosponsor Designators:

- 000 - no cosponsoring organization
- 999 - cosponsoring organization

Format Designators:

- L - Live activities
- H - Home study and other mediated activities
- C - Activities that contain both live and home study or mediated components

Topic Designators - activities are related to:

- 01 - Disease State Management/Drug therapy
- 02 - AIDS therapy
- 03 - Law (related to pharmacy practice)
- 04 - General Pharmacy
- 05 - Patient Safety

Target audience designator

- P - Pharmacist
- T - Pharmacy Technician

If a CPE activity's target audience is exclusively for *pharmacists* the designation "P" will be used as follows:

- 01-P Disease State Management/Drug therapy
- 02-P AIDS therapy
- 03-P Law (related to pharmacy practice)
- 04-P General Pharmacy
- 05-P Patient Safety: The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient.) Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)

If a CPE activity's target audience is exclusively for *pharmacy technicians* the designation "T" will be used as follows:

- 01-T Disease State Management/Drug therapy
- 02-T AIDS therapy
- 03-T Law (related to pharmacy practice)
- 04-T General Pharmacy
- 05-T Patient Safety: The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient). Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)

Note: If the CPE activity is intended for both pharmacists and pharmacy technicians, that activity will have the same Universal Program Number with respect to the provider identification number, cosponsor designation, year of release, sequence number and format; however, the topic designator in the number will be specific to each audience, either a "P" or "T." For example:

197-000-09-001-L05-P (program number to be used for pharmacists)

197-000-09-001-L05-T (program number to be used for pharmacy technicians)

What are the responsibilities of an ACPE-accredited provider?

It is the responsibility of the provider to assure that each activity complies with the Definition of Continuing Education, be applicable to the practice of pharmacy, identifies the appropriate target audience as it relates to the content, and adheres to ACPE *Criteria for Quality and Interpretive Guidelines*.

As outlined in the ACPE *Criteria for Quality and Interpretive Guidelines*, every ACPE-accredited provider is ultimately responsible for CPE activity planning, faculty selection, content of the activity, site selection, method of delivery, marketing to the appropriate target audience and assurance that the activity is fair, balanced and free from bias and/or promotion. In addition, the provider is responsible for explaining and guiding the faculty in its expectations regarding development of learning objectives and instructional materials and incorporation of active learning and learning assessment mechanisms within the activities. The provider should also ensure that the statements of credit include the appropriate designation as well as the other required elements noted in the ACPE *Criteria for Quality*, Guideline 8.1 Statements of Credit.

Have questions?

If you have any questions as to what constitutes continuing education for the profession of pharmacy, please contact the ACPE staff at ceinfo@acpe-accredit.org or phone 312-664-3575.

Appendix A. Joint Commission of Pharmacy Practitioners Future Vision of Pharmacy Practice

Joint Commission of Pharmacy Practitioners

Academy of Managed Care Pharmacy
703-683-8416
Judith A. Cahill, Executive Director

National Community Pharmacists Association
703-683-8200
Bruce T. Roberts, Executive Vice President

American College of Apothecaries
901-383-8119
D. C. Huffman, Jr., Executive Vice President

Liaison Members

American College of Clinical Pharmacy
816-531-2177
Michael S. Maddux, Executive Director

American Association of Colleges of Pharmacy
703-739-2330
Lucinda L. Maine, Executive Vice President

American Pharmacists Association
202-628-4410
John A. Gans, Executive Vice President

Accreditation Council for Pharmacy Education
312-664-3575
Peter H. Vlasses, Executive Director

American Society of Consultant Pharmacists
703-739-1300
John Feather, Executive Director

National Association of Boards of Pharmacy
847-391-4400
Carmen A. Catizone, Executive Director

American Society of Health-System
Pharmacists
301-664-8794
Henri R. Manasse, Jr., Executive Vice
President

National Council of State Pharmacy
Association Executives
804-285-4145
Rebecca P. Snead, Administrative Manager

For Immediate Release
September 6, 2005

Contact Dana Easton
901-383-8119

Joint Commission of Pharmacy Practitioners Releases "Future Vision of Pharmacy Practice"

The JCPP Future Vision of Pharmacy Practice is a consensus document that articulates a vision for pharmacy and how it will be practiced. Equally important, the document describes how pharmacy practice will benefit society. The document was officially adopted by the JCPP members' executive officers following the November 2004 JCPP meeting and has subsequently been endorsed by each JCPP member's board of directors.

The stakeholders group identified and prioritized the top groups and organizations pharmacy must engage in efforts to work toward the vision of optimized medication use. While pharmacy intends to take leadership roles in improving the use of medications in health and wellness it can not do so in isolation of the many other players in the medication use process.

Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.

The Foundations of Pharmacy Practice. Pharmacy education will prepare pharmacists to provide patient-centered and population-based care that optimizes medication therapy; to manage health care system resources to improve therapeutic outcomes; and to promote health improvement, wellness, and disease prevention. Pharmacists will develop and maintain:

- How Pharmacists Will Practice. Pharmacists will have the authority and autonomy to manage medication therapy and will be accountable for patients' therapeutic outcomes. In doing so, they will communicate and collaborate with patients, care givers, health care professionals, and qualified support personnel. As experts regarding medication use, pharmacists will be responsible for:

- Working cooperatively with practitioners of other disciplines to care for patients, pharmacists will be:

- How Pharmacy Practice Will Benefit Society. Pharmacists will achieve public recognition that they are essential to the provision of effective health care by ensuring that:

- medication therapy management is readily available to all patients
- desired patient outcomes are more frequently achieved
- overuse, underuse and misuse of medications are minimized
- medication-related public health goals are more effectively achieved
- cost-effectiveness of medication therapy is optimized.

Appendix B. Center for the Advancement of Pharmaceutical Education Educational Outcomes
2004

1. Provide pharmaceutical care in cooperation with patients, prescribers, and other members of an inter-professional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social, behavioral, and clinical sciences that may impact therapeutic outcomes.
 - a. Provide patient-centered care.
 - b. Provide population-based care.
2. Manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.
 - a. Manage human, physical, medical, informational, and technological resources
 - b. Manage medication use systems.
3. Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an inter-professional team of health care providers.
 - a. Assure the availability of effective, quality health and disease prevention services.
 - b. Develop public health policy.

*Adapted from American Association of Colleges of Pharmacy's, *Center for the Advancement of Pharmaceutical Education (CAPE), Educational Outcomes, 2004*, www.aacp.org

Appendix C. The NAPLEX Competency Statements

Area 1 Assure Safe and Effective Pharmacotherapy and Optimize Therapeutic Outcomes

1.1.0 Obtain, interpret and evaluate patient information to determine the presence of a disease or medical condition, assess the need for treatment and/or referral, and identify patient-specific

factors that affect health, pharmacotherapy, and/or disease management.

1.2.0 Identify, evaluate, and communicate to the patient or health-care provider, the appropriateness of the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of

administration, and delivery systems.

1.3.0 Manage the drug regimen by monitoring and assessing the patient and/or patient information,

collaborating with other health care professionals, and providing patient education.

Area 2 Assure Safe and Accurate Preparation and Dispensing of Medications

2.1.0 Perform calculations required to compound, dispense, and administer medication.

2.2.0 Select and dispense medications in a manner that promotes safe and effective use.

2.3.0 Prepare and compound extemporaneous preparations and sterile products.

Area 3 Provide Health Care Information and Promote Public Health

3.1.0 Access, evaluate, and apply information to promote optimal health care.

3.2.0 Educate the public and health-care professionals regarding medical conditions, wellness, dietary

supplements, and medical devices.

*Adapted from the National Association of Boards of Pharmacy's *NAPLEX Blueprint*, 2005, www.nabp.net

Appendix D. PTCB Exam Content Outline

The pharmacy technician performs activities related to three broad function areas. The specific responsibilities and activities that pharmacy technicians may perform within each function area are:

I. Assisting the Pharmacist in Serving Patients (66% of exam)

- A. Receive prescription/medication order(s) from patient/patient's representative, prescriber, or other healthcare professional
 - 1. Accept new prescription/medication order from patient/patient's representative, prescriber, or other healthcare professional
 - 2. Accept new prescription/medication order electronically (for example, by telephone, fax, or electronic transmission)
 - 3. Accept refill request from patient/patient's representative
 - 4. Accept refill authorization from prescriber or other healthcare professional electronically (for example, by telephone, fax, or electronic transmission)
 - 5. Contact prescriber/originator for clarification of prescription/medication order refill
 - 6. Perform/accept transfer of prescription/medication order(s)
- B. Assist the pharmacist in accordance with federal rules and regulations in obtaining from the patient/patient's representative such information as diagnosis or desired therapeutic outcome, disease state, medication history (including over-the-counter [OTC] medications and dietary supplements), allergies, adverse reactions, medical history and other relevant patient information, physical disability, and payor information (including both self-pay and third party reimbursement)
- C. Assist the pharmacist in accordance with federal rules and regulations in obtaining from prescriber, other healthcare professionals, and/or the medical record such information as diagnosis or desired therapeutic outcome, disease state, medication history (including [OTC] medications and dietary supplements), allergies, adverse reactions, medical history and other relevant patient information, physical disability, and payor information (including both self-pay and third party reimbursement)
- D. Collect and communicate patient-specific data (for example, blood pressure, glucose, cholesterol levels, therapeutic drug levels, immunizations) to assist the pharmacist in monitoring patient outcomes
- E. Collect and communicate data related to restricted drug distribution programs (for example, thalidomide, isotretinoin, and clozapine)
- F. Collect and communicate data related to investigational drugs
- G. Assess prescription or medication order for completeness (for example, patient's name and address), accuracy, authenticity, legality, and reimbursement eligibility
- H. Update the medical record/patient profile with such information as medication history (including [OTC] medications and dietary supplements), disease states, compliance/adherence patterns, allergies, medication duplication, and/or drug-disease, drug-drug, drug-laboratory, drug-dietary supplement and/or OTC, and drug-food interactions
- I. Assist the patient/patient's representative in choosing the best payment assistance plan if multiple plans are available to patient
- J. Process a prescription/medication order
 - 1. Enter prescription/medication order information onto patient profile
 - 2. Select the appropriate product(s) for dispensing (for example, brand names, generic substitutes, therapeutic substitutes, formulary restrictions)
 - 3. Obtain pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances, controlled substances, and investigational products) from inventory

4. Calculate quantity and days supply of finished dosage forms for dispensing
 5. Measure or count quantity of finished dosage forms for dispensing
 6. Process and handle radiopharmaceuticals
 7. Perform calculations for radiopharmaceuticals
 8. Process and handle chemotherapeutic medications commercially available in finished dosage forms (for example, Efudex, mercaptopurine)
 9. Perform calculations for oral chemotherapeutic medications
 10. Process and handle investigational products
 11. Package finished dosage forms (for example, blister pack, robotic/automated dispensing vial)
 12. Affix label(s) and auxiliary label(s) to container(s)
 13. Assemble patient information materials (for example, drug information sheets, patient package inserts, Health Information Portability and Accountability Act [HIPAA] literature)
 14. Check for accuracy during processing of the prescription/medication order (for example, National Drug Code [NDA] number, bar code, and data entry)
 15. Verify the data entry, measurements, preparation, and/or packaging of medications produced by other technicians as allowed by law (for example, tech check tech)
 16. Prepare prescription or medication order for final check by pharmacist
 17. Prepare prescription or medication order for final check by pharmacy technician as allowed by law (for example, tech check tech)
 18. Perform Nuclear Regulatory Commission (NRC) required checks for radiopharmaceuticals
- K. Compound a prescription/medication order:
1. Assemble equipment and/or supplies necessary for compounding the prescription/medication order
 2. Calibrate equipment (for example, scale or balance, total parenteral nutrition [TPN] compounder) needed to compound the prescription/medication order
 3. Perform calculations required for preparation of compounded IV admixtures
 4. Perform calculations for extemporaneous compounds
 5. Compound medications (for example, topical preparations, reconstituted antibiotic suspensions) for dispensing according to prescription and/or compounding guidelines
 6. Compound medications in anticipation of prescriptions/medication orders (for example, compounding for a specific patient)
 7. Prepare sterile products (for example, TPNs, piggybacks, IV solutions, ophthalmic products)
 8. Prepare radiopharmaceuticals
 9. Prepare chemotherapy
 10. Record preparation and/or ingredients of medications (for example, lot number, control number, expiration date, chemotherapy calculations, type of IV solution)
- L. Provide prescription/medication to patient/patient's representative:
1. Store medication prior to distribution
 2. Provide medication and supplemental information (for example, package inserts) to patient/patient's representative
 3. Package and ship pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) to patient/patient's representative. Place medication in dispensing system (for example, unit-dose cart, automated systems)
 4. Deliver medication to patient-care unit
 5. Record distribution of prescription medication
 6. Record distribution of controlled substances
 7. Record distribution of investigational drugs
 8. Record distribution of restricted drugs (for example, isotretinoin, clozapine, thalidomide)

9. Record distribution of prescription/medication to patient's home
- M. Determine charges and obtain reimbursement for products and services
- N. Communicate with third-party payers to determine or verify coverage
- O. Communicate with third-party payers to obtain prior authorizations
- P. Communicate with third-party payers and patients/patient's representatives to rectify rejected third-party claims
- Q. Identify and resolve problems with rejected claims (for example, incorrect days supply, incorrect ID number)
- R. Provide supplemental information (for example, disease state information, CDs) as requested/required
- S. Direct patient/patient's representative to pharmacist for counseling
- T. Perform drug administration functions under appropriate supervision (for example, perform drug/IV rounds, check pumps, anticipate refill of drugs/IVs)
- U. Process and dispense enteral products

II. Maintaining Medication and Inventory Control Systems (22% of exam)

- A. Identify pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) to be ordered
- B. Place routine orders for pharmaceuticals, durable and nondurable medical equipment, devices, and supplies (including hazardous substances and investigational products) in compliance with legal, regulatory, formulary, budgetary, and contractual requirements
- C. Place emergency orders for pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) in compliance with legal, regulatory, formulary, budgetary, and contractual requirements
- D. Receive pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) and verify against specifications on original purchase orders
- E. Place pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) in inventory under proper storage conditions while incorporating error prevention strategies
- F. Perform non-patient-specific preparation, distribution, and maintenance of pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) while incorporating error prevention strategies (for example, crash carts, clinic and nursing floor stock, automated dispensing systems)
- G. Remove from inventory expired/discontinued/slow moving/overstocked pharmaceuticals, durable and nondurable medical equipment, devices, and supplies (including hazardous substances and investigational products)
- H. Remove from inventory recalled pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products)
- I. Dispose of or destroy pharmaceuticals or supplies (for example, hazardous substances, investigational products, controlled substances, non-dispensable products)
- J. Communicate changes in product availability (for example, formulary changes, recalls, shortages) to pharmacy staff, patient/patient's representative, physicians, and other healthcare professionals
- K. Implement and monitor policies and procedures to deter theft and/or drug diversion
- L. Maintain a record of controlled substances ordered, received, and removed from inventory
- M. Maintain a record of investigational products ordered, received, and removed from inventory
- N. Perform required inventories and maintain associated records
- O. Maintain record-keeping systems for repackaging, non-patient specific compounding, recalls, and returns of pharmaceuticals, durable and non-durable medical equipment, devices, and

- supplies (including hazardous substances and investigational products)
- P. Compound non-patient specific medications in anticipation of prescription/medication orders
- Q. Perform quality assurance tests on compounded medications (for example, end product testing and validation)
- R. Repackage finished dosage forms for dispensing (for example, unit dose, blister pack, oral syringes)
- S. Participate in quality assurance programs related to pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products)

III. Participating in the Administration and Management of Pharmacy Practice (12% of exam)

- A. Coordinate written, electronic, and oral communications throughout the practice setting (for example, route phone calls, faxes, verbal and written refill authorizations; disseminate policy and procedure changes)
- B. Update and maintain patient information (for example, insurance information, demographics, provider information) in accordance with federal regulations and professional standards (for example, Health Insurance Portability and Accountability Act [HIPAA])
- C. Collect productivity information (for example, the number of prescriptions filled, fill times, payments collected, rejected claim status)
- D. Participate in quality assurance activities (for example, medication error prevention, customer satisfaction surveys, and internal audits of processes)
- E. Generate quality assurance reports (for example, compile or summarize data collected for evaluation or action plan development, root cause analysis)
- F. Implement and monitor the practice setting for compliance with federal regulations and professional standards (for example, Materials Safety Data Sheet [MSDS], Occupational Safety Health Administration [OSHA], Joint Commission on Accreditation of Healthcare Organizations [JCAHO], United States Pharmacopeia [USP])
- G. Implement and monitor policies and procedures for infection control
- H. Implement and monitor policies and procedures for the handling, disposal, and destruction of pharmaceuticals and supplies (for example, hazardous substances, investigational products, controlled substances, non-dispensable products, radiopharmaceuticals)
- I. Perform and record routine sanitation, maintenance, and calibration of equipment (for example, automated dispensing equipment, balances, TPN compounders, and refrigerator/freezer temperatures)
- J. Update, maintain, and use manual or electronic information systems (for example, patient profiles, prescription records, inventory logs, reference materials) in order to perform job related activities
- K. Use and maintain automated and point-of-care dispensing technology
- L. Perform billing and accounting functions for products and services (for example, self-pay, third-party adjudication, pharmaceutical discount cards, medication reimbursement)
- M. Communicate with third-party payors to determine or verify coverage for products and services
- N. Coordinate and/or participate in staff training and continuing education
- O. Perform and/or contribute to employee evaluations and competency assessments
- P. Participate in the establishment, implementation, and monitoring of the practice setting's policies and procedures

*Adapted from the Pharmacy Technician Certification Board's *Content Outline*, 2006; www.ptcb.org

Appendix II. Standards for Commercial Support adapted from Accreditation Council for Continuing Medical Education, 2004

All continuing pharmacy education (CPE) programs should provide for an in-depth presentation with fair and full disclosure and equitable balance. Appropriate topics and learning activities shall be distinguished from topics and learning activities which are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice it addresses).

Guideline 1: Independence

- a. A CPE provider must ensure that the following decisions were made free of the control of a commercial interest. A 'commercial interest' is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not 'commercial interests.'
 - 1) Identification of CPE needs;
 - 2) Determination of educational objectives;
 - 3) Selection and presentation of content;
 - 4) Selection of all persons and organizations that will be in a position to control the content of the CPE;
 - 5) Selection of educational methods;
 - 6) Evaluation of the activity.
- b. A commercial interest cannot take the role of non-accredited partner in a cosponsorship relationship.

Guideline 2: Resolution of Personal Conflicts of Interest

- a. The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed to the provider all relevant financial relationships with any commercial interest. The ACPE defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.
- b. An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CPE, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CPE activity.
- c. The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

Guideline 3: Appropriate Use of Commercial Support

- a. The provider must make all decisions regarding the disposition and disbursement of commercial support.

- b. A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.
- c. All commercial support associated with a CPE activity must be given with the full knowledge and approval of the provider.

Written agreement documenting terms of support

- d. The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or cosponsor.
- e. The written agreement must specify the commercial interest that is the source of commercial support.
- f. Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CPE

- g. The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.
- h. The provider, the cosponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.
- i. No other payment shall be given to the director of the activity, planning committee members, teachers or authors, cosponsor, or any others involved with the supported activity.
- j. If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners

- k. Social events or meals at CPE activities cannot compete with or take precedence over the educational events.
- l. The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CPE activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, cosponsor or educational partner.

Accountability

- m. The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

Guideline 4: Appropriate Management of Associated Commercial Promotion

- a. Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CPE activities.
- b. Product-promotion material or product-specific advertisement of any type is prohibited in or during CPE activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CPE.
 - For **print**, advertisements and promotional materials will not be interleaved within the pages of the CPE content. Advertisements and promotional materials may face the first or last pages of printed CPE content as long as these materials are not related to the CPE content they face **and** are not paid for by the commercial supporters of the CPE activity
 - For **computer based**, advertisements and promotional materials will not be visible on the screen at the same time as the CPE content and not interleaved between computer 'windows' or screens of the CPE content
 - For **audio and video recording**, advertisements and promotional materials will not be included within the CPE. There will be no 'commercial breaks.'
 - For **live, face-to-face CPE**, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CPE activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CPE activity.
- c. Educational materials that are part of a CPE activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.
- d. Print or electronic information distributed about the non-CPE elements of a CPE activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.
- e. A provider cannot use a commercial interest as the agent providing a CPE activity to learners, e.g., distribution of self-study CPE activities or arranging for electronic access to CPE activities.

Guideline 5: Content and Format without Commercial Bias

- a. The content or format of a CPE activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

- b. Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CPE educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

Guideline 6: Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CPE content

- a. An individual must disclose to learners any relevant financial relationship(s), to include the following information:
- The name of the individual;
 - The name of the commercial interest(s);
 - The nature of the relationship the person has with each commercial interest.
- b. For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

Commercial support for the CPE activity

- c. The source of all support from commercial interests must be disclosed to learners. When commercial support is 'in-kind' the nature of the support must be disclosed to learners.
- d. 'Disclosure' must never include the use of a trade name or a product-group message.

Timing of disclosure

- e. A provider must disclose the above information to learners prior to the beginning of the educational activity.

NOTE: The Standards for Commercial Support and accompanying guidelines were adopted by ACPE (October 2006) with permission from the Accreditation Council for Continuing Medical Education. The updated definition of a commercial interest was approved by the ACPE Board of Directors in January 2008.



GLOSSARY

Accreditation

A voluntary process in which an institution, organization or agency submits to an in-depth analysis to determine its capacity to provide quality continuing pharmacy education in accord with standards.

Acquired Immune Deficiency Syndrome (AIDS) Therapy Related

CPE activities which address therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with AIDS.

Active learning

A process whereby pharmacists and/or pharmacy technicians are actively engaged in the learning process, rather than "passively" absorbing lectures. Active learning involves reading, writing, discussion, and engagement in solving problems, analysis, synthesis, and evaluation. Faculty usually takes a more guiding role.

Activity

An educational event which is based upon identified needs, has a purpose or objectives, and is evaluated to assure the needs are met. An activity is designed to support the continuing professional development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Each CPE activity should promote problem-solving and critical thinking while being applicable to the practice of pharmacy as defined by the current *Definition of Continuing Pharmacy Education* (Appendix I). The CPE activities should be designed according to the appropriate roles and responsibilities of the pharmacists and/or pharmacy technician.

Accredited Provider - An institution, organization or agency that has been recognized by the Accreditation Council for Pharmacy Education, in accord with its policy and procedures, as having demonstrated compliance with the standards which are indicative of the Provider's capability to develop and deliver quality continuing pharmacy education.

Assessment

The Latin root '*assidere*' means to sit beside. In an educational context it is the process of observing learning, such as describing, collecting, recording, scoring, and interpreting information about a pharmacist's and technician's learning. Assessments are used to determine achievement of objectives.

Case study or scenario

A description of a situation that requires problem-solving and/or investigation by the learner, e.g. application of learned material to provide a solution to the problem.

Combined Programs

An activity that consists of both live and enduring (home study) components where every learner is required to participate in both components.

Commercial Bias

A personal judgment in favor of a specific proprietary business interest of a commercial interest.

Commercial Interest

A 'commercial interest' is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not 'commercial interests.'

Commercial Support

Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CPE activity.

Conflict of Interest

When an individual's interests are aligned with those of a commercial interest the interests of the individual are in 'conflict' with the interests of the public. ACPE considers financial relationships to create actual conflicts of interest in CPE when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CPE about the products or services of that commercial interest.

Contact Hour

A unit of measure of educational credit which is equivalent to approximately 60 minutes of participation in an organized learning experience.

Continuing Education Unit (CEU)

An educational credit unit of measure where 0.1 CEU is equivalent to one contact hour.

Continuing Pharmacy Education (CPE)

Continuing education for the profession of pharmacy is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

Continuing Professional Development

The lifelong process of active participation in learning activities that assists in developing and maintaining continuing competence, enhancing their professional practice, and supporting achievement of their career goals.

Cosponsorship

An accredited provider works with another organization for the purpose of developing a continuing pharmacy education activity.

Curricular-based

CPE activities that are designed to be building blocks of knowledge, skills and attitudes for a specific disease state, task, etc.

Disease State Management/Drug therapy

Covers CPE activities that address disease states, drugs and/or drug therapy related to disease states.

Enduring Materials (Home Study)

Enduring materials are home study activities that are printed, recorded or computer assisted instructional materials that do not provide for direct interaction between faculty and participants.

Evidence-based medicine

The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. (Centre for Evidence-Based Medicine)

Faculty

A person(s) who guides and delivers or writes the content of a CPE activity.

Financial Relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

Formative Evaluation

An evaluation process in which outcomes data and analysis are used to modify (form or reform) an activity with an eye to improving it before the activity is completed or repeated.

Goal

A concise written statement of what the provider intends to achieve for pharmacy and/or pharmacy technician education at a certain point in the future. The CPE goal should address how a provider will assist pharmacists and/or pharmacy technicians to maintain and enhance their professional competencies to practice in various settings.

Law

CPE activities which address federal, state, or local laws and/or regulations affecting the practice of pharmacy.

Live Programs

CPE activities that provide for direct interaction between faculty and participants and may include lectures, symposia, live teleconferences, workshops, etc.

Mission

A statement that is consistent with the program goals and specifically indicate the provider's short-term intent in conducting CPE activities including the intended audience and scope of activities.

Needs assessment

Identification of educational needs of the pharmacists and/or pharmacy technician that serve as the basis for planning CPE activities.

Non-commercialism

Continuing pharmacy education activities that provide an in-depth presentation with fair, full disclosure as well as objectivity and balanced. Appropriate topics and learning activities shall be distinguished from those topics and learning activities that are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area that it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice that it addresses).

Objectives

Statements that describe what the pharmacists and/or pharmacy technician can expect to know or do after completion of the CPE activity. Objectives are preferably written in behavioral terminology and should suggest outcome measures for a program's success or effectiveness.

Outcome

The end result of a learning activity measured by evaluation or change in practice.

Patient Safety

The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient.) Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)

Pharmacy Technician

An individual working in a pharmacy who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist. (<http://www.acpe-accredit.org/pdf/whitePaper.pdf>)

Program

The overall CPE activities of an accredited provider.

Relevant Financial Relationships

ACPE focuses on financial relationships with commercial interest in the 12 month period preceding the time that the individual is being asked to assume a role controlling content of the CPE activity.

Self Assessment or Self Study

A comprehensive review and assessment process of the provider's CPE program to document accomplishments, assess areas for improvement and outline a plan for making those improvements.

Summative Evaluation

An evaluation process in which outcomes data and analysis are used to show the degree to which goals are attained at the conclusion of an activity.

Target Audience

Group of individuals for which an educational activity has been designed (e.g. pharmacists, technicians, or both).

Universal Program Number (UPN)

A Universal Program Number is an identification number that is assigned to each CPE activity developed and sponsored, or cosponsored, by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g. 197), the cosponsor designation number (000 for no cosponsor, 999 for all cosponsors), the year of CPE activity development (e.g., 09), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g., 001), and the topic and format designators (see below).

Cosponsor Designators:

- 000 - no cosponsoring organization
- 999 - cosponsoring organization

Format Designators:

- L - Live activities
- H - Home study and other enduring activities
- C - Activities that contain both live and home study and enduring components

Topic Designators - activities are related to:

- 01 - Disease State Management/Drug therapy
- 02 - AIDS therapy
- 03 - Law (related to pharmacy practice)
- 04 - General Pharmacy
- 05 - Patient Safety

Target audience designator

- P - Pharmacist
- T - Pharmacy Technician

If a CPE activity's target audience is exclusively for *pharmacists* the designation "P" will be used as follows:

- 01-P Disease State Management/Drug therapy
- 02-P AIDS therapy
- 03-P Law (related to pharmacy practice)
- 04-P General Pharmacy
- 05-P Patient Safety: The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient.) Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)

If a CPE activity's target audience is exclusively for *pharmacy technicians* the designation "T" will be used as follows:

- 01-T Disease State Management/Drug therapy
- 02-T AIDS therapy
- 03-T Law (related to pharmacy practice)
- 04-T General Pharmacy
- 05-T Patient Safety: The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare

outcome caused by a defect in the delivery of care to a patient). Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)

Note: If the CPE activity is intended for both pharmacists and pharmacy technicians, that activity will have the same Universal Program Number with respect to the provider identification number, cosponsor designation, year of release, sequence number and format; however, the topic designator in the number will be specific to each audience, either a "P" or "T." For example:

197-000-09-001-L05-P (program number to be used for pharmacists)

197-000-09-001-L05-T (program number to be used for pharmacy technicians)



Standard 5: Standards for Commercial Support (SCS)

All continuing pharmacy education (CPE) programs should provide for an in-depth presentation with fair and full disclosure and equitable balance. Appropriate topics and learning activities shall be distinguished from topics and learning activities which are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice it addresses).

Guideline 5.1: Independence

- a. A CPE provider must ensure that the following decisions were made free of the control of a commercial interest. A 'commercial interest' is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not 'commercial interests.'
 - 1) Identification of CPE needs;
 - 2) Determination of educational objectives;
 - 3) Selection and presentation of content;
 - 4) Selection of all persons and organizations that will be in a position to control the content of the CPE;
 - 5) Selection of educational methods;
 - 6) Evaluation of the activity.
- b. A commercial interest cannot take the role of non-accredited partner in a cosponsorship relationship.

Guideline 5.2: Resolution of Personal Conflicts of Interest

- a. The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed to the provider all relevant financial relationships with any commercial interest. The ACPE defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.
- b. An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an

author of CPE, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CPE activity.

- c. The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

Guideline 5.3: Appropriate Use of Commercial Support

- a. The provider must make all decisions regarding the disposition and disbursement of commercial support.
- b. A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.
- c. All commercial support associated with a CPE activity must be given with the full knowledge and approval of the provider.

Written agreement documenting terms of support

- d. The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or cosponsor.
- e. The written agreement must specify the commercial interest that is the source of commercial support.
- f. Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CPE

- g. The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.
- h. The provider, the cosponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.

- i. No other payment shall be given to the director of the activity, planning committee members, teachers or authors, cosponsor, or any others involved with the supported activity.
- j. If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners

- k. Social events or meals at CPE activities cannot compete with or take precedence over the educational events.
- l. The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CPE activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, cosponsor or educational partner.

Accountability

- m. The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

Guideline 5.4: Appropriate Management of Associated Commercial Promotion

- a. Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CPE activities.
- b. Product-promotion material or product-specific advertisement of any type is prohibited in or during CPE activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CPE.

- For **print**, advertisements and promotional materials will not be interleaved within the pages of the CPE content. Advertisements and promotional materials may face the first or last pages of printed CPE content as long as these materials are not related to the CPE content they face **and** are not paid for by the commercial supporters of the CPE activity
- For **computer based**, advertisements and promotional materials will not be visible on the screen at the same time as the CPE

Q.4. Please explain your policies on disclosure of outside income by your top executives and board members.

- 1) ASCP Employee Conflicts of Interest Policy
- 2) ASCP Disclosure of Bias or Potential Conflicts of Interest and Related Party Transactions

American Society of Consultant Pharmacists

Personnel Policy Manual

EMPLOYEE CONFLICTS OF INTEREST POLICY

ASCP will not permit its employees to enter into relationships with persons or organizations in any activity directly or indirectly detrimental to ASCP or where compensation is contingent on a result of the individual's employment with ASCP. Examples include, but are not limited to:

- Financial interest in an outside concern from which ASCP purchases goods or services.
- Accepting personal compensation for job related speaking engagements, consulting services, or other activities.
- Participation in activities unrelated to ASCP during normal business hours.
- Representing ASCP in any transaction in which the employee or a member of his/her family has a beneficial interest.
- Engaging, directly or indirectly, in conduct which is disloyal, disruptive, competitive, or damaging to the Society.
- Acceptance of gifts, excessive or unusual entertainment, or other favors from an outside concern that does or is seeking to do business with ASCP. This does not include normal business luncheons or dinners.

When in doubt, questions concerning possible conflicts of interest must be referred to senior management. If a conflict of interest exists, the staff member must disclose it and take steps to minimize or eliminate the conflict. Failure to disclose and minimize or eliminate the conflict may subject the staff member to disciplinary action or discharge.

**American Society of Consultant Pharmacists
ASCP Staff**

Employee Interests Disclosure Statement

I have read and am familiar with the details of the American Society of Consultant Pharmacists Employee Policy titled, "*Conflicts of Interest*" and...

- ☐ To the best of my knowledge, as of this date, neither I nor my family have any personal circumstances or interests that would pose a duality of interest for me or the Society, but will disclose such circumstances as they may change.
- ☐ To the best of my knowledge, as of this date, this listing of interests is exhaustive but I will disclose such circumstances as they may change.

Signature_____

Date_____

Name (print)_____

Position_____

American Society of Consultant Pharmacists

**Board of Directors
Operating Policy and Disclosure Statements**

Approved November 16, 2009

**DISCLOSURE OF BIAS OR POTENTIAL CONFLICTS OF INTEREST
AND RELATED PARTY TRANSACTIONS**

WHEREAS:

Securing Members who have a wide variety of professionally related experiences to serve on the Board of Directors furthers the interest of ASCP by providing valuable perspectives on policy development, professional and ASCP issues, and provides various means to communicate ASCP policies, standards, and activities to different publics; and

ASCP recognizes that it would be unreasonable to expect its volunteer Members to give up other individual professional activities and financial interests while serving on the Board of Directors; and

Such service must meet certain legal and ethical principles which, recognizing the fiduciary nature thereof, requires Members to act honestly, in good faith and in the best interests of ASCP; and

When such other professional activity and financial interests of a Member may diverge from the interests of ASCP, the Member should act in accordance with the ASCP policy governing the disclosure of bias and potential conflicts of interest; and

The concept of fiduciary duty is especially pertinent to “related party transactions”;

THEREFORE:

THE BOARD OF DIRECTORS RESOLVES, that the following policy be adopted for current and all future members of the Board of Directors.

BIAS OR POTENTIAL CONFLICTS OF INTEREST

1. Members who serve on the Board of Directors are expected to exercise their best judgment to further the interest of ASCP; this judgment must be exercised in light of their experiences, perspectives and expertise.
2. Annually, a Member serving on the Board of Directors shall disclose all potential conflicts of interest in employment, professional activities, and financial interests to the Executive Director of ASCP on the attached ASCP Disclosure Statement. Members of the Board of Directors will review and update their Disclosure Statement prior to each meeting of the Board of Directors and/or Executive Committee.

3. If any question shall arise as to whether a particular activity or organizational affiliation constitutes a conflict of interest for a Member of the Board of Directors, the question shall be submitted to the Board of Directors for a decision. A majority vote of the Board of Directors shall decide such questions. However, if a Member believes he/she may have a conflict of interest, he/she may excuse himself/herself from the discussion of a particular matter and/or the vote. In cases where the Board of Directors determines the conflict is a problem relative to continued service, the Member shall take the action required under #7. If the Member fails to take the action required under #7, the Board of Directors may remove the Member from office as permitted in Article IX, Section 12 of the ASCP By-laws.
4. If a Member of the Board of Directors finds that he/she is in competition with the Society in any activity or business, or in any specific business proposal, the Member must disclose this in a timely manner.
5. No Member of the Board of Directors shall disclose to others or use for his/her own benefit, or the benefit of others, any information owned, possessed or used by the Society that is identified as "confidential," except as authorized by the Society and for its benefit.
6. Any Member of the Board of Directors having a potential conflict of interest on any matter should not vote or use his/her personal influence on the matter, and he/she should not be counted in determining the quorum for the meeting, even when permitted by law. The minutes of the meeting shall reflect that a disclosure was made, the abstention from voting, and quorum situation. By majority vote of the Board of Directors, any individual with a potential conflict of interest may, in addition to being excluded from voting on the matter in question, be excluded from any participation in the matter and/or may be excluded from the meeting during consideration and voting upon the matter in question.
7. In the event a Member of the Board of Directors is involved in activities or organizations which constitute an actual conflict of interest that affects his/her continued service, he/she shall take prompt action to resolve the conflict by (a) terminating the conflicting activity or organizational affiliation; or (b) by resigning from the ASCP Board of Directors.
8. The foregoing requirements should not be construed as preventing the Member from briefly stating his/her position in the matter, nor from answering pertinent questions of Board Members since his/her knowledge may be of great assistance.

RELATED PARTY TRANSACTIONS

9. The ASCP Operating Policy for IRS Intermediate Sanctions Compliance will apply for the approval of all related party transactions. All related party transactions must be approved in advance by the Executive Committee of ASCP. Annually, a Member serving on the Board of Directors shall disclose all approved related party transactions to the Executive Director of ASCP on the attached ASCP Disclosure Statement. Members of the Board of Directors will review and update their Disclosure Statement prior to each meeting of the Board of Directors and/or Executive Committee.

This policy will be provided on an annual basis to all Members of the ASCP Board of Directors. New Board Members will be advised of the policy upon taking office. This policy will be provided to any individual nominated to the ASCP Board of Directors.

The following statement will be read at the beginning of all meetings of the ASCP Board of Directors, and the Executive Committee:

It is my duty to remind you that the American Society of Consultant Pharmacists maintains an official policy with respect to the disclosure of bias and potential conflicts of interest, and related party transactions. If you have a question about whether you should make such a disclosure and you are about to participate in a meeting where that conflict would apply, you should ask the Chair of the meeting whether you should absent yourself or not participate in the discussion for its duration.

The Chairman of the Board of Directors and the Executive Director are authorized and directed to see that the foregoing policies are implemented.

Revised and approved by Board of Directors July 20, 2003.

American Society of Consultant Pharmacists

**BIAS OR POTENTIAL CONFLICT OF INTEREST AND RELATED
PARTY TRANSACTIONS DISCLOSURE STATEMENT**

I have read and am familiar with the details of the American Society of Consultant Pharmacists Board of Directors Operating Policy Statement titled, "*Disclosure of Bias or Potential Conflicts of Interest and Related Party Transactions.*" I understand that disclosure is a continuing obligation of Members of the ASCP Board of Directors and that if there is a change in my employment, professional activities, or financial interests, which could bias my actions on behalf of ASCP or create a potential conflict of interest, or which constitute a related party transaction, I will make additional disclosures in accordance with Board policy.

During the past twelve months, currently, and in the future twelve months as presently known by me, the following are my affiliations or interests that, considered in conjunction with my position or relation to ASCP, might constitute a conflict of interest or create a potential bias.

1. Employment Relationships

Describe your current employment, including full time, part time, consultant, and independent contractor activities. Please identify any employment relationships to which you are a party which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP.

2. Professional Activities and Relationships

Describe any organizations or relationships in which you serve or are affiliated or participate in. Please identify any professional activities and relationships in which you are engaged which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP. (please check all that apply):

- ☐ Advisory board(s)/panel(s) of _____
- ☐ Focus group(s) for _____
- ☐ Research activity/project(s) funded by the pharmaceutical industry and/or foundations _____

- ☐ Business partner/contractor to or with ASCP _____
- ☐ Business partner/contractor to or with the ASCP Foundation _____
- ☐ Trainer or faculty member of _____
- ☐ Speaker or speaker's bureau participant for _____
- ☐ Publication project for _____
- ☐ Writer/author for _____
- ☐ Editorial board(s) for pharmacy and/or medical publications for _____
- ☐ _____
- ☐ Educational and/or research grants received on behalf of _____
- ☐ Medical educator/communicator for _____
- ☐ Honoraria received from _____ for _____

3. Financial Interests.

Describe your ownership of, or interests in, pharmaceutical, medical, long term care, or similar businesses, including any publicly traded stock. Please identify any significant financial interests you have which conflict with, or are adverse to, the mission or interests of ASCP or which may create a bias in your actions on behalf of ASCP.

4. Related Party Transactions

Please identify any related party transactions with ASCP or the ASCP Research and Education Foundation for which you receive compensation.

ASCP

- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

ASCP FOUNDATION

- ☐ Traineeship preceptor/faculty _____
- ☐ Advisory board(s)/panel(s) _____

- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR CURRICULUM VITA.

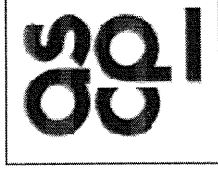
To the best of my knowledge the above declaration is complete.

Signature _____ Date _____

Name (print) _____

| | | | |
|-----------|-------------|------------------------------------|-----------------|
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |

Note: If there are changes, complete new disclosure form.



ASCP Guidance on Fulfilling Fiduciary Responsibilities

*A primer for the ASCP Board of Directors and members
considering running for election to the Board.*

Approved by the Board of Directors
November 16, 2009

FIDUCIARY DUTY – BASIC PRINCIPLES

A basic principle of corporation law provides that directors and officers of a corporation owe a “fiduciary duty” to the corporation to protect the interests of the corporation. A fiduciary must in good faith perform his or her duties and remain loyal to the corporation, acting at all times in the best interests of the corporation unimpeded by any personal interests. Officers and directors who breach their fiduciary duty may be held personally liable for mismanagement or negligence. Additionally, liability may be found even in the absence of bad faith or dishonesty. Failure to exercise the degree of care and judgment, which a prudent person in a similar position would ordinarily use constitutes a breach of fiduciary duty.

A fiduciary may not prefer his or her own economic interests above the interests of the corporation. Where there may be a perceived conflict of interest, a fiduciary must not take personal advantage of any opportunity until the fiduciary fully discloses the details of the opportunity to the corporation, and then either receive the consent of the corporation or otherwise prove that the fiduciary’s actions are fair to the corporation. The duty to disclose requires more than a mere duty to supply information upon request. Instead, a fiduciary must voluntarily and promptly disclose the details of any conflict or potential conflict.

GENERAL GUIDANCE

All ASCP board members are required to complete and regularly update a “Disclosure Statement” in order to be in compliance with the Board Operating Policy and Disclosure Statement for Bias or Potential Conflict of Interest. The “Disclosure Statement” gathers information about both non-ASCP business and ASCP business in which the board member is engaged either as an individual or with their companies. The purpose of this disclosure is to provide a vehicle for ASCP board members to be informed about the business interests of other ASCP board members that could bias their actions on behalf of ASCP or create a potential conflict of interest. “Disclosure Statements” are available for the review by all ASCP elected leaders during ASCP Board of Directors meetings.

Additionally ASCP is responsible for complying with requirements of internal Related Party Transactions Policy and Procedure and IRS Intermediate Sanctions for disqualified individuals receiving compensation by ASCP and/or are engaged in ASCP business transactions. For these circumstances, staff will complete the necessary forms for submission to bodies designated by the Board of Directors to approve the transactions.

For those considering running for election for a position on the ASCP Board of Directors, this document will help you understand the fiduciary responsibilities that must be followed by all elected individuals.

| Event / Situation / Question | ASCP Guidance on Fulfilling Fiduciary Responsibilities |
|--|---|
| <p>1. ASCP BUSINESS AND YOURS</p> <p>When are your personal business interests in conflict with ASCP's business?</p> <p>When can you compete with ASCP for business?</p> <p>a. Going after the same business</p> <p>b. Borrowing ideas/projects</p> <p>How do I comply?</p> | <ul style="list-style-type: none"> • It is critical that you understand the business of ASCP so that you will be aware when conflict may occur. Refer to the "Business of ASCP" document. This will assist you in identifying potential areas of conflict. It is also understood that a board member may not always be aware of new business endeavors of ASCP. • ASCP board members must always place ASCP's business interests before their own. This is imperative for all business owners who provide any of the same services that ASCP provides. If you are an employee of a company that competes with the business of ASCP, and in your position you are not directly responsible for developing new business for your company that competes with ASCP, you are not accountable for this. • If a board member becomes aware that ASCP and the board member's business is competing for the same business project, then the board member must withdraw their proposal for that specific business project. • Prior to entering into a business agreement, a board member would need to determine from their customer if they were also accepting proposals from ASCP on the project. This could be accomplished if the following statement or facsimile was included in the original proposal: <i>Conflict of Interest: As a member of the ASCP Board of Directors, my fiduciary responsibility prohibits me from competing directly with ASCP. If the recipient of this proposal is also accepting a proposal from ASCP for the identical services, I must be notified immediately and must withdraw my proposal.</i> |
| <p>2. DISCLOSURE</p> <p>What should I disclose and how do I know what others have disclosed?</p> | <p>When the employment, professional activity, or financial interests of a board member may be perceived as a diverge from the interests of ASCP, the board member must disclose this information on the Disclosure of Bias and Potential Conflicts of Interest form.</p> |

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| <p>Is it appropriate for my company or me to do business with ASCP and receive compensation for that business?</p> <p>How do I disclose the existence of this business arrangement that my company or I have with ASCP?</p> | <p>It is your responsibility to be knowledgeable about the business of ASCP and any/all potential conflicts with your personal business or other board members' business. When completing your disclosure form, describe fully both non-ASCP and ASCP arrangements that may have actual, potential or perceived conflict of interest.</p> <p>When you or your company wishes to do business with ASCP (a related party transaction), you must fully disclose the transaction in advance to the entire board (or a committee of the board acting under a grant of delegated authority) such that neutral or "disinterested" directors have an opportunity to review the proposal, ask questions, and test its fairness as may be required.</p> <p>Any business/financial relationship between ASCP and an ASCP board member must be disclosed on the disclosure form and verbally disclosed to the Board prior to any related discussion during a Board meeting.</p> |
| <p>3. CONFIDENTIALITY</p> <p>How important is confidentiality?</p> | <p>Confidentiality and the protection of ASCP's proprietary information are always important concerns. All board members are required to sign a Non-Disclosure Agreement in which you agree to not disclose or use for your own benefit, or the benefit of others, all such information that is clearly identified as "confidential" unless and until such confidential information is released to the public by ASCP. Additionally, confidential information learned in your capacity as a board member may not be known by ASCP staff, therefore, do not discuss these matters with staff. Please be aware that a breach of confidentiality can undermine the effectiveness of the ASCP and/or the Board of Directors and will not be tolerated.</p> |
| <p>4. REPRESENTING ASCP</p> <p>How do I know when I am officially representing ASCP?</p> | <p>Sometimes this will be very clear to you and other times you will have to make a determination.</p> <p>You are officially representing ASCP when specifically requested to do so by ASCP. Such a request, by authorized staff or the Board, confers the approval of ASCP. Additionally, you may represent ASCP in verbal, written, or electronic correspondence only when officially conducting ASCP business.</p> |

| | |
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| <p>Are there special considerations for ASCP's President?</p> | <p>It is less clear when you receive an invitation from a third party to speak or participate in a program or group such as an advisory board or panel. In fact, as an ASCP board member, you may be in more demand specifically because you are a board member. The problem is that, when asked, you are not sure if you are being asked to participate because you are an ASCP board member or because you are recognized as an expert individual consultant/senior care pharmacist.</p> <p>It is your responsibility to make this determination. When a board member is asked to participate in any advisory board, speaker's bureau, symposium, etc., you must ask a question such as "Are you asking me to participate as a board member of ASCP or are you asking me to participate as an unrelated individual?"</p> <p>The President is in general subject to the same fiduciary obligations that apply to other board members; however, because of the visibility of the President's role and the potential for possible confusion over when the President is acting as a representative of ASCP, it is essential that the President be especially diligent in avoiding potential conflicts. This includes seeking advice from the Executive Committee on specific circumstances.</p> |
| <p>5. REPRESENTATION CONFLICT</p> <p>What if I am led to believe that I am not representing ASCP, but later I am promoted with my official ASCP title?</p> | <p>There is history of individuals who were told they were not representing ASCP but were later promoted with their ASCP title.</p> <p>If you do all that is outlined in #4, then you have met your obligation to ASCP.</p> <p>However, in one circumstance you do need to make a disclosure to the audience if you have been introduced or promoted as an ASCP official when you are not speaking on behalf of ASCP. In the event, that within the content of your talk, lecture or discussion, you express an opinion which clearly contradicts ASCP's position, you must disclose that the statement you made conflicts with ASCP's position and that you make the statement in the capacity as an independent individual.</p> <p>If after having complied with #4 you are surprised to see that slides, placards or advertisements made by a third person list your ASCP title, when you were</p> |

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| | told otherwise, then you should notify the third party privately. |
| <p>6. HONORARIA</p> <p>Can I receive an honoraria and/or paid expenses while representing ASCP?</p> | <p>ASCP may ask board members to speak or participate at meetings on behalf of ASCP often with an honorarium and expenses paid; sometimes not, depending on the circumstances. Also, board members may be asked by parties other than ASCP to represent ASCP at a meeting or program. ASCP encourages its board members to represent ASCP and deliver our message when appropriate.</p> <p>The following guidelines are provided to assist you in determining what is appropriate:</p> <p>If a board member is asked by a third party to speak/participate as a representative of ASCP in a program as described in #4, the following should occur:</p> <ul style="list-style-type: none"> • Notify the Executive Director or the Associate Executive Director of the opportunity to represent ASCP. Discussion will be necessary to determine if the opportunity is advantageous for ASCP and worthy of ASCP's time commitment and potential expense. • Determine if there is an honorarium and/or expense reimbursement being offered and notify the Executive Director or Associate Executive Director of that information. The ED or AED will be responsible for initiating the disclosure/approval process. • Approval will need to be granted in accordance with the Related Party Transaction Policy and Procedure and by the body designated by the Board of Directors for approving such transactions. • If approval is given, and expenses are being reimbursed by the third party that covers the full cost of participation, the board member may not bill ASCP for those expenses. If only partial expenses are being reimbursed, the board member may bill ASCP for any uncovered expenses. However, ASCP may request all or part of the honorarium be paid to ASCP to reimburse for these uncovered expenses. Remember, ASCP is the expense payer of last resort. • If approval is given, and an honorarium is being paid, the board member may accept the honorarium, or may choose to donate part or the full honorarium to ASCP or the ASCP Foundation. Board members may also have the honorarium paid to their employer. |
| <p>Can I promote my availability to speak as a representative of ASCP to a third party?</p> | |

You cannot advertise, initiate, or promote your availability to speak as a representative of ASCP.

7. USING YOUR ASCP TITLE IN YOUR OWN BUSINESS

When it is appropriate to use your ASCP title?

Can I use my ASCP position or title in connection with non-ASCP business?

- a. Email signatures
- b. Letterhead
- c. Business cards
- d. Advertising/brochures

When can I show or use my ASCP position or title in making presentations?

Can my resume include my ASCP title and any ASCP appointments?

Can an article or publication show my ASCP title or position?

Can I use my ASCP title to endorse a non-ASCP commercial product?

The use of your ASCP title in verbal, written, or electronic communication is only appropriate when conducting ASCP business and is inappropriate when conducting your own personal business.

- E-mails that include your ASCP title may only be used for ASCP business, unless an appropriate disclosure statement accompanies the title indicating that the views expressed do not necessarily reflect those of ASCP.
- Your ASCP title may not be used on your personal business letterhead. However, ASCP membership may be noted.
- Your ASCP title may not be used on your personal business cards. However, ASCP membership may be noted.
- Your ASCP title may not be used on your personal business advertising/brochures. However, ASCP membership may be noted.

If you are officially speaking on behalf of ASCP (see item 4 above), your ASCP title can be indicated on title slides, placards and advertisements. If not officially speaking on behalf of ASCP, your ASCP title cannot be used on the title slides, placards, and advertisements.

Any resume, bio, or CV may include a description of your positions as an ASCP volunteer.

Any article or publication, if not written for ASCP purposes or businesses, should not indicate your ASCP title regardless of disclosure.

Your ASCP title may not be included with any personal product endorsement.

| | |
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| <p>8. GOOD IDEAS. MINE OR YOURS?</p> | <p>In your capacity as a board member,, you will be exposed to and receive “inside” information about creative and innovative ideas or projects that have been developed by ASCP or others and which are proprietary. The following guidance will assist you when you become aware of these ideas.</p> <p>Using ideas and/or projects for personal gain, which are learned in your capacity as a board member and which result in direct competition with ASCP is NOT acceptable. Care must be exercised to minimize unauthorized and unwanted borrowing of ideas.</p> <ul style="list-style-type: none"> • If during your capacity as a board member you become aware that ASCP shares your idea, and you plan to bring your idea to market, you must disclose that to the Board of Directors and recuse yourself from any further discussion on that topic/idea. |
| <p>9. CAN I PROMOTE ASCP?</p> | <p>Absolutely! Promotion of ASCP is always welcome while presenting on behalf of ASCP or personal business. ASCP can provide you with a PowerPoint® presentation on ASCP. Check with staff to see what is available.</p> |
| <p>10. DISCLAIMERS</p> <p>If I choose to use my ASCP title in non-ASCP business and want to use a disclaimer, what should it state?</p> | <p>Although discouraged, if you do use your ASCP title in any non-ASCP business, you must prominently disclose that you are not acting on behalf of ASCP but rather only on behalf of yourself. An appropriate disclaimer would be:</p> <p>THE INFORMATION OR VIEWS CONTAINED HEREIN DO NOT CONSTITUTE THE OFFICIAL POSITIONS OF, OR AN ENDORSEMENT BY, THE AMERICAN SOCIETY OF CONSULTANT PHARMACISTS.</p> |

Q.5. Please provide the disclosures of outside income filed with your organization by your top executives and Board Members.

Documents produced:

- 1) ASCP Employee Conflicts of Interest Disclosures filed by Current executive staff
- 2) ASCP Board of Directors Disclosure Statements

American Society of Consultant Pharmacists

Personnel Policy Manual

EMPLOYEE CONFLICTS OF INTEREST POLICY

ASCP will not permit its employees to enter into relationships with persons or organizations in any activity directly or indirectly detrimental to ASCP or where compensation is contingent on a result of the individual's employment with ASCP. Examples include, but are not limited to:

- Financial interest in an outside concern from which ASCP purchases goods or services.
- Accepting personal compensation for job related speaking engagements, consulting services, or other activities.
- Participation in activities unrelated to ASCP during normal business hours.
- Representing ASCP in any transaction in which the employee or a member of his/her family has a beneficial interest.
- Engaging, directly or indirectly, in conduct which is disloyal, disruptive, competitive, or damaging to the Society.
- Acceptance of gifts, excessive or unusual entertainment, or other favors from an outside concern that does or is seeking to do business with ASCP. This does not include normal business luncheons or dinners.

When in doubt, questions concerning possible conflicts of interest must be referred to senior management. If a conflict of interest exists, the staff member must disclose it and take steps to minimize or eliminate the conflict. Failure to disclose and minimize or eliminate the conflict may subject the staff member to disciplinary action or discharge.

**American Society of Consultant Pharmacists
ASCP Staff**

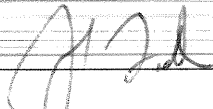
Employee Interests Disclosure Statement

I have read and am familiar with the details of the American Society of Consultant Pharmacists Employee Policy titled, "*Conflicts of Interest*" and...

☒ To the best of my knowledge, as of this date, neither I nor my family have any personal circumstances or interests that would pose a duality of interest for me or the Society, but will disclose such circumstances as they may change.

☐ To the best of my knowledge, as of this date, this listing of interests is exhaustive but I will disclose such circumstances as they may change.

Signature



Date

11/4/05

Name (print)

John F. Fisher

Position

Exec. Director

American Society of Consultant Pharmacists

Personnel Policy Manual

EMPLOYEE CONFLICTS OF INTEREST POLICY

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When in doubt, questions concerning possible conflicts of interest must be referred to senior management. If a conflict of interest exists, the staff member must disclose it and take steps to minimize or eliminate the conflict. Failure to disclose and minimize or eliminate the conflict may subject the staff member to disciplinary action or discharge.

Employee Interests Disclosure Statement

I have read and am familiar with the details of the American Society of Consultant Pharmacists employee policy titled, "Employee Conflicts of Interest Policy" and...

VM

To the best of my knowledge, as of this date, neither I nor my family have any personal circumstances or interests that would pose a duality of interest for me or the Society, but will disclose such circumstances as they may change.

VM

To the best of my knowledge, as of this date, this listing of interests is exhaustive but I will disclose such circumstances as they may change.

- Assist International Science and Technology Institute (ISTI), my previous employer with guidance and direction on an "as-needed" basis for next 2 months.

Signature

VIRESH DESAI

Print Name

Date

04/21/08

American Society of Consultant Pharmacists

Personnel Policy Manual

EMPLOYEE CONFLICTS OF INTEREST POLICY

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- Accepting personal compensation for job related speaking engagements, consulting services, or other activities.
- Participation in activities unrelated to ASCP during normal business hours.
- Representing ASCP in any transaction in which the employee or a member of his/her family has a beneficial interest.
- Engaging, directly or indirectly, in conduct which is disloyal, disruptive, competitive, or damaging to the Society.
- Acceptance of gifts, excessive or unusual entertainment, or other favors from an outside concern that does or is seeking to do business with ASCP. This does not include normal business luncheons or dinners.

When in doubt, questions concerning possible conflicts of interest must be referred to senior management. If a conflict of interest exists, the staff member must disclose it and take steps to minimize or eliminate the conflict. Failure to disclose and minimize or eliminate the conflict may subject the staff member to disciplinary action or discharge.

Employee Interests Disclosure Statement

I have read and am familiar with the details of the American Society of Consultant Pharmacists employee policy titled, "Employee Conflicts of Interest Policy" and...

X

To the best of my knowledge, as of this date, neither I nor my family have any personal circumstances or interests that would pose a duality of interest for me or the Society, but will disclose such circumstances as they may change.

To the best of my knowledge, as of this date, this listing of interests is exhaustive but I will disclose such circumstances as they may change.

Lisa M. Gables
Signature

Date

1/19/05

Lisa M. Gables
Print Name

American Society of Consultant Pharmacists

Personnel Policy Manual

EMPLOYEE CONFLICTS OF INTEREST POLICY

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- Accepting personal compensation for job related speaking engagements, consulting services, or other activities.
- Participation in activities unrelated to ASCP during normal business hours.
- Representing ASCP in any transaction in which the employee or a member of his/her family has a beneficial interest.
- Engaging, directly or indirectly, in conduct which is disloyal, disruptive, competitive, or damaging to the Society.
- Acceptance of gifts, excessive or unusual entertainment, or other favors from an outside concern that does or is seeking to do business with ASCP. This does not include normal business luncheons or dinners.

When in doubt, questions concerning possible conflicts of interest must be referred to senior management. If a conflict of interest exists, the staff member must disclose it and take steps to minimize or eliminate the conflict. Failure to disclose and minimize or eliminate the conflict may subject the staff member to disciplinary action or discharge.

Employee Interests Disclosure Statement

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☒

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☒

To the best of my knowledge, as of this date, this listing of interests is exhaustive but I will disclose such circumstances as they may change.

consultant to Dewey LeBoeuf receiving
Part D issues in litigation & arbitrations
(POL represents Amicare)

Signature

Date

Print Name

Claudia Schlosberg

2/1/08

Addendum to Employee Disclosure Statement of Claudia Schlosberg, J.D.

Consulting Services provided to Access Communications, Inc., to provide training on Medicare Part D (non-LTC) and health care reform issues.



12/10/09

Signature

Date

Claudia Schlosberg

Print Name

American Society of Consultant Pharmacists

Personnel Policy Manual

Conflicts of Interest Policy

ASCP will not permit its employees (full-time and part-time, regular and temporary) to enter into relationships with persons or organizations in any activity directly or indirectly detrimental to ASCP or where compensation is contingent on a result of the individual's employment with ASCP. Examples of relationships that must be reported include, but are not limited to:

- Financial interest in an outside concern from which ASCP purchases goods or services.
- Accepting personal compensation for job-related speaking engagements, consulting services, or other activities.
- Participation in activities unrelated to ASCP during normal business hours.
- Representing ASCP in any transaction in which the employee or a member of his/her family has a beneficial interest.
- Engaging, directly or indirectly, in conduct which is disloyal, disruptive, competitive, or damaging to the Society.
- Acceptance of gifts, excessive or unusual entertainment, or other favors from an outside concern that does or is seeking to do business with ASCP. This does not include normal business luncheons or dinners.

When in doubt, questions concerning possible conflicts of interest must be referred to your supervisor or the Executive Director/CEO. If a conflict of interest exists, the staff member must disclose it and take steps to minimize or eliminate the conflict within a reasonable period of time. Failure to disclose at any time during employment and minimize or eliminate the conflict may subject the staff member to disciplinary action or discharge.

American Society of Consultant Pharmacists

Employee Conflicts of Interest Disclosure Statement

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☐ To the best of my knowledge, as of this date, this listing of interests is exhaustive but I will disclose such circumstances as they may change.

Signature

Lance Clark

Date

8/12/09

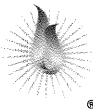
Name (print)

LANCE CLARK

Position

Mbr/Mktg Director

Namenda
memantine HCl



**BIAS OR POTENTIAL
PARTY TR**

I have read and am familiar with the
Board of Directors Operating
of Interest and Related Party
tion of Members of the ASCP
ment, professional activities,
ASCP or create a potential conflict
will make additional disclosures

During the past twelve months
me, the following are my affiliations
or relation to ASCP, might conflict

1. Employment Relationships

Describe your current employment
ent contractor activities. For
party which conflict with, or
create a bias in your actions

Director of E P

owner/consulting ~~for~~ CHIVICKI CONSULTING

2. Professional Activities and Relationships

Describe any organizations or relationships in which you serve or are affiliated or participate in. Please identify any professional activities and relationships in which you are engaged which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP. (please check all that apply):

- ☐ Advisory board(s)/panel(s) of _____
☐ Focus group(s) for _____

☐ Research activity/project(s) funded by the pharmaceutical industry and/or foundations _____

☒ Business partner/contractor to or with ASCP MTM Faculty

☒ Business partner/contractor to or with the ASCP Foundation PAW Workshop Faculty

☐ Trainer or faculty member of _____

☐ Speaker or speaker's bureau participant for _____

☐ Publication project for _____

☐ Writer/author for _____

☐ Editorial board(s) for pharmacy and/or medical publications for _____

☐ Educational and/or research grants received on behalf of _____

☐ Medical educator/communicator for _____

☐ Honoraria received from _____ for _____

3. Financial Interests.

Describe your ownership of, or interests in, pharmaceutical, medical, long term care, or similar businesses, including any publicly traded stock. Please identify any significant financial interests you have which conflict with, or are adverse to, the mission or interests of ASCP or which may create a bias in your actions on behalf of ASCP.

NONE

4. Related Party Transactions

Please identify any related party transactions with ASCP or the ASCP Research and Education Foundation for which you receive compensation.

ASCP

☐ Advisory board(s)/panel(s) _____

☐ Focus group(s) _____

☐ Research activity/project(s) _____

☐ Business partner/contractor _____

☒ Speaker Adv. PAW Workshop Annual 2009

☐ Publication project _____

☐ Writer/author _____

☐ Editorial board(s) _____

☐ Educational and/or research grants received _____

☒ Honoraria received for MTM Faculty

☐ Other (describe) _____

ASCP FOUNDATION

- ☒ Traineeship preceptor/faculty
☐ Advisory board(s)/panel(s) _____
☐ Focus group(s) _____
☐ Research activity/project(s) _____
☐ Business partner/contractor _____
☒ Speaker Adv. pmw workshop Annual 2009
☐ Publication project _____
☐ Writer/author _____
☐ Editorial board(s) _____
☐ Educational and/or research grants received _____
☒ Honoraria received for Painter's ship
☐ Other (describe) _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR CURRICULUM VITA.

To the best of my knowledge the above declaration is complete.

Signature 

Date 11/29/09

Name (print) Albert Balboa

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

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Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Note: If there are changes, complete new disclosure form.

American Society of Consultant Pharmacists

BIAS OR POTENTIAL CONFLICT OF INTEREST AND RELATED
PARTY TRANSACTIONS DISCLOSURE STATEMENT

I have read and am familiar with the details of the American Society of Consultant Pharmacists Board of Directors Operating Policy Statement titled, "Disclosure of Bias or Potential Conflicts of Interest and Related Party Transactions." I understand that disclosure is a continuing obligation of Members of the ASCP Board of Directors and that if there is a change in my employment, professional activities, or financial interests, which could bias my actions on behalf of ASCP or create a potential conflict of interest, or which constitute a related party transaction, I will make additional disclosures in accordance with Board policy.

During the past twelve months, currently, and in the future twelve months as presently known by me, the following are my affiliations or interests that, considered in conjunction with my position or relation to ASCP, might constitute a conflict of interest or create a potential bias.

1. Employment Relationships

Describe your current employment, including full time, part time, consultant, and independent contractor activities. Please identify any employment relationships to which you are a party which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP.

Full time - St. John's University - no conflict / bias

Part-time editor - LexiComp - Genetic Dosage Handbook - no conflict

Part-time Consultant Medica Health Solutions - Part D P+T Committee
no conflict

2. Professional Activities and Relationships

Describe any organizations or relationships in which you serve or are affiliated or participate in. Please identify any professional activities and relationships in which you are engaged which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP. (please check all that apply):

- ☐ Advisory board(s)/panel(s) of _____
☐ Focus group(s) for _____

- ☐ Research activity/project(s) funded by the pharmaceutical industry and/or foundations _____
- ☐ Business partner/contractor to or with ASCP _____
- ☐ Business partner/contractor to or with the ASCP Foundation _____
- ☐ Trainer or faculty member of _____
- ☐ Speaker or speaker's bureau participant for _____
- ☒ Publication project for American Geriatrics Society Review Editor
- ☒ Writer/author for Lexi-Comp
- ☒ Editorial board(s) for pharmacy and/or medical publications for TCP
- ☐ Educational and/or research grants received on behalf of _____
- ☐ Medical educator/communicator for _____
- ☐ Honoraria received from _____ for _____

3. **Financial Interests.**

Describe your ownership of, or interests in, pharmaceutical, medical, long term care, or similar businesses, including any publicly traded stock. Please identify any significant financial interests you have which conflict with, or are adverse to, the mission or interests of ASCP or which may create a bias in your actions on behalf of ASCP.

NONE

4. **Related Party Transactions**

Please identify any related party transactions with ASCP or the ASCP Research and Education Foundation for which you receive compensation.

ASCP

- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☒ Editorial board(s) TCP
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

ASCP FOUNDATION

- ☐ Traineeship preceptor/faculty
☐ Advisory board(s)/panel(s) _____
☐ Focus group(s) _____
☐ Research activity/project(s) _____
☐ Business partner/contractor _____
☐ Speaker _____
☐ Publication project _____
☐ Writer/author _____
☐ Editorial board(s) _____
☐ Educational and/or research grants received _____
☐ Honoraria received for _____
☐ Other (describe) _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR CURRICULUM VITA.

To the best of my knowledge the above declaration is complete.

Signature *Judith L. Beizer*

Date 12/1/09

Name (print) Judith L. Beizer

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

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Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Note: If there are changes, complete new disclosure form.

Dieter

American Society of Consultant Pharmacists

**Board of Directors
Operating Policy and Disclosure Statements**

Approved July 20, 2003

**DISCLOSURE OF BIAS OR POTENTIAL CONFLICTS OF INTEREST
AND RELATED PARTY TRANSACTIONS**

WHEREAS:

Securing Members who have a wide variety of professionally related experiences to serve on the Board of Directors furthers the interest of ASCP by providing valuable perspectives on policy development, professional and ASCP issues, and provides various means to communicate ASCP policies, standards, and activities to different publics; and

ASCP recognizes that it would be unreasonable to expect its volunteer Members to give up other individual professional activities and financial interests while serving on the Board of Directors; and

Such service must meet certain legal and ethical principles which, recognizing the fiduciary nature thereof, requires Members to act honestly, in good faith and in the best interests of ASCP; and

When such other professional activity and financial interests of a Member may diverge from the interests of ASCP, the Member should act in accordance with the ASCP policy governing the disclosure of bias and potential conflicts of interest; and

The concept of fiduciary duty is especially pertinent to "related party transactions";

THEREFORE:

THE BOARD OF DIRECTORS RESOLVES, that the following policy be adopted for current and all future members of the Board of Directors.

BIAS OR POTENTIAL CONFLICTS OF INTEREST

1. ~~Members who serve on the Board of Directors are expected to exercise their best judgment to further the interest of ASCP; this judgment must be exercised in light of their experiences, perspectives and expertise.~~
2. Annually, a Member serving on the Board of Directors shall disclose all potential conflicts of interest in employment, professional activities, and financial interests to the Executive Director of ASCP on the attached ASCP Disclosure Statement. Members of the Board of Directors will review and update their Disclosure Statement prior to each meeting of the Board of Directors and/or Executive Committee.

3. If any question shall arise as to whether a particular activity or organizational affiliation constitutes a conflict of interest for a Member of the Board of Directors, the question shall be submitted to the Board of Directors for a decision. A majority vote of the Board of Directors shall decide such questions. However, if a Member believes he/she may have a conflict of interest, he/she may excuse himself/herself from the discussion of a particular matter and/or the vote. In cases where the Board of Directors determines the conflict is a problem relative to continued service, the Member shall take the action required under #7. If the Member fails to take the action required under #7, the Board of Directors may remove the Member from office as permitted in Article IX, Section 12 of the ASCP By-laws.
4. If a Member of the Board of Directors finds that he/she is in competition with the Society in any activity or business, or in any specific business proposal, the Member must disclose this in a timely manner.
5. No Member of the Board of Directors shall disclose to others or use for his/her own benefit, or the benefit of others, any information owned, possessed or used by the Society that is identified as "confidential," except as authorized by the Society and for its benefit.
6. Any Member of the Board of Directors having a potential conflict of interest on any matter should not vote or use his/her personal influence on the matter, and he/she should not be counted in determining the quorum for the meeting, even when permitted by law. The minutes of the meeting shall reflect that a disclosure was made, the abstention from voting, and quorum situation. By majority vote of the Board of Directors, any individual with a potential conflict of interest may, in addition to being excluded from voting on the matter in question, be excluded from any participation in the matter and/or may be excluded from the meeting during consideration and voting upon the matter in question.
7. In the event a Member of the Board of Directors is involved in activities or organizations which constitute an actual conflict of interest that affects his/her continued service, he/she shall take prompt action to resolve the conflict by (a) terminating the conflicting activity or organizational affiliation; or (b) by resigning from the ASCP Board of Directors.
8. The foregoing requirements should not be construed as preventing the Member from briefly stating his/her position in the matter, nor from answering pertinent questions of Board Members since his/her knowledge may be of great assistance.

RELATED PARTY TRANSACTIONS

9. The ASCP Operating Policy for IRS Intermediate Sanctions Compliance will apply for the approval of all related party transactions. All related party transactions must be approved in advance by the Executive Committee of ASCP. Annually, a Member serving on the Board of Directors shall disclose all approved related party transactions to the Executive Director of ASCP on the attached ASCP Disclosure Statement. Members of the Board of Directors will review and update their Disclosure Statement prior to each meeting of the Board of Directors and/or Executive Committee.

This policy will be provided on an annual basis to all Members of the ASCP Board of Directors. New Board Members will be advised of the policy upon taking office. This policy will be provided to any individual nominated to the ASCP Board of Directors.

The following statement will be read at the beginning of all meetings of the ASCP Board of Directors, and the Executive Committee:

It is my duty to remind you that the American Society of Consultant Pharmacists maintains an official policy with respect to the disclosure of bias and potential conflicts of interest, and related party transactions. If you have a question about whether you should make such a disclosure and you are about to participate in a meeting where that conflict would apply, you should ask the Chair of the meeting whether you should absent yourself or not participate in the discussion for its duration.

The Chairman of the Board of Directors and the Executive Director are authorized and directed to see that the foregoing policies are implemented.

Revised and approved by Board of Directors July 20, 2003.

American Society of Consultant Pharmacists

**BIAS OR POTENTIAL CONFLICT OF INTEREST AND RELATED
PARTY TRANSACTIONS DISCLOSURE STATEMENT**

I have read and am familiar with the details of the American Society of Consultant Pharmacists Board of Directors Operating Policy Statement titled, "*Disclosure of Bias or Potential Conflicts of Interest and Related Party Transactions*." I understand that disclosure is a continuing obligation of Members of the ASCP Board of Directors and that if there is a change in my employment, professional activities, or financial interests, which could bias my actions on behalf of ASCP or create a potential conflict of interest, or which constitute a related party transaction, I will make additional disclosures in accordance with Board policy.

During the past twelve months, currently, and in the future twelve months as presently known by me, the following are my affiliations or interests that, considered in conjunction with my position or relation to ASCP, might constitute a conflict of interest or create a potential bias.

1. Employment Relationships

Describe your current employment, including full time, part time, consultant, and independent contractor activities. Please identify any employment relationships to which you are a party which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP.

- PharMerica Corporation at the Kindred Hospitals-Las Vegas system as a clinical staff pharmacist
- Spiro Consulting, Incorporated as a consultant pharmacist to ambulatory surgery centers

2. Professional Activities and Relationships

Describe any organizations or relationships in which you serve or are affiliated or participate in. Please identify any professional activities and relationships in which you are engaged which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP. (please check all that apply):

- ☐ Advisory board(s)/panel(s) of _____
- ☐ Focus group(s) for _____
- ☐ Research activity/project(s) funded by the pharmaceutical industry and/or foundations _____
- ☒ Business partner/contractor to or with ASCP: Med-Pass IV P&P Manual author
- ☐ Business partner/contractor to or with the ASCP Foundation _____
- ☐ Trainer or faculty member of _____
- ☐ Speaker or speaker's bureau participant for _____
- ☐ Publication project for _____
- ☐ Writer/author for _____

- ☐ Editorial board(s) for pharmacy and/or medical publications for _____
- ☐ Educational and/or research grants received on behalf of _____
- ☐ Medical educator/communicator for _____
- ☐ Honoraria received from _____ for _____

3. Financial Interests.

Describe your ownership of, or interests in, pharmaceutical, medical, long term care, or similar businesses, including any publicly traded stock. Please identify any significant financial interests you have which conflict with, or are adverse to, the mission or interests of ASCP or which may create a bias in your actions on behalf of ASCP.

4. Related Party Transactions

Please identify any related party transactions with ASCP or the ASCP Research and Education Foundation for which you receive compensation.

ASCP

- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

ASCP FOUNDATION

- ☐ Traineeship preceptor/faculty _____
- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____

- ☐ Editorial board(s) _____
☐ Educational and/or research grants received _____
☐ Honoraria received for _____
☐ Other (describe) _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR CURRICULUM VITA.

To the best of my knowledge the above declaration is complete.

Signature _____

Date: 11/14/09

Name (print): Debra Lee (Debbie) Bieber

| | | | |
|-----------|-------------|------------------------------------|-----------------|
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |

Note: If there are changes, complete new disclosure form.

v. 7/20/03

Brickley

American Society of Consultant Pharmacists

**Board of Directors
Operating Policy and Disclosure Statements**

Approved November 16, 2009

**DISCLOSURE OF BIAS OR POTENTIAL CONFLICTS OF INTEREST
AND RELATED PARTY TRANSACTIONS**

WHEREAS:

Securing Members who have a wide variety of professionally related experiences to serve on the Board of Directors furthers the interest of ASCP by providing valuable perspectives on policy development, professional and ASCP issues, and provides various means to communicate ASCP policies, standards, and activities to different publics; and

ASCP recognizes that it would be unreasonable to expect its volunteer Members to give up other individual professional activities and financial interests while serving on the Board of Directors; and

Such service must meet certain legal and ethical principles which, recognizing the fiduciary nature thereof, requires Members to act honestly, in good faith and in the best interests of ASCP; and

When such other professional activity and financial interests of a Member may diverge from the interests of ASCP, the Member should act in accordance with the ASCP policy governing the disclosure of bias and potential conflicts of interest; and

The concept of fiduciary duty is especially pertinent to "related party transactions";

THEREFORE:

THE BOARD OF DIRECTORS RESOLVES, that the following policy be adopted for current and all future members of the Board of Directors.

BIAS OR POTENTIAL CONFLICTS OF INTEREST

1. Members who serve on the Board of Directors are expected to exercise their best judgment to further the interest of ASCP; this judgment must be exercised in light of their experiences, perspectives and expertise.
2. Annually, a Member serving on the Board of Directors shall disclose all potential conflicts of interest in employment, professional activities, and financial interests to the Executive Director of ASCP on the attached ASCP Disclosure Statement. Members of the Board of Directors will review and update their Disclosure Statement prior to each meeting of the Board of Directors and/or Executive Committee.

3. If any question shall arise as to whether a particular activity or organizational affiliation constitutes a conflict of interest for a Member of the Board of Directors, the question shall be submitted to the Board of Directors for a decision. A majority vote of the Board of Directors shall decide such questions. However, if a Member believes he/she may have a conflict of interest, he/she may excuse himself/herself from the discussion of a particular matter and/or the vote. In cases where the Board of Directors determines the conflict is a problem relative to continued service, the Member shall take the action required under #7. If the Member fails to take the action required under #7, the Board of Directors may remove the Member from office as permitted in Article IX, Section 12 of the ASCP By-laws.
4. If a Member of the Board of Directors finds that he/she is in competition with the Society in any activity or business, or in any specific business proposal, the Member must disclose this in a timely manner.
5. No Member of the Board of Directors shall disclose to others or use for his/her own benefit, or the benefit of others, any information owned, possessed or used by the Society that is identified as "confidential," except as authorized by the Society and for its benefit.
6. Any Member of the Board of Directors having a potential conflict of interest on any matter should not vote or use his/her personal influence on the matter, and he/she should not be counted in determining the quorum for the meeting, even when permitted by law. The minutes of the meeting shall reflect that a disclosure was made, the abstention from voting, and quorum situation. By majority vote of the Board of Directors, any individual with a potential conflict of interest may, in addition to being excluded from voting on the matter in question, be excluded from any participation in the matter and/or may be excluded from the meeting during consideration and voting upon the matter in question.
7. In the event a Member of the Board of Directors is involved in activities or organizations which constitute an actual conflict of interest that affects his/her continued service, he/she shall take prompt action to resolve the conflict by (a) terminating the conflicting activity or organizational affiliation; or (b) by resigning from the ASCP Board of Directors.
8. The foregoing requirements should not be construed as preventing the Member from briefly stating his/her position in the matter, nor from answering pertinent questions of Board Members since his/her knowledge may be of great assistance.

RELATED PARTY TRANSACTIONS

9. The ASCP Operating Policy for IRS Intermediate Sanctions Compliance will apply for the approval of all related party transactions. All related party transactions must be approved in advance by the Executive Committee of ASCP. Annually, a Member serving on the Board of Directors shall disclose all approved related party transactions to the Executive Director of ASCP on the attached ASCP Disclosure Statement. Members of the Board of Directors will review and update their Disclosure Statement prior to each meeting of the Board of Directors and/or Executive Committee.

This policy will be provided on an annual basis to all Members of the ASCP Board of Directors. New Board Members will be advised of the policy upon taking office. This policy will be provided to any individual nominated to the ASCP Board of Directors.

The following statement will be read at the beginning of all meetings of the ASCP Board of Directors, and the Executive Committee:

It is my duty to remind you that the American Society of Consultant Pharmacists maintains an official policy with respect to the disclosure of bias and potential conflicts of interest, and related party transactions. If you have a question about whether you should make such a disclosure and you are about to participate in a meeting where that conflict would apply, you should ask the Chair of the meeting whether you should absent yourself or not participate in the discussion for its duration.

The Chairman of the Board of Directors and the Executive Director are authorized and directed to see that the foregoing policies are implemented.

Revised and approved by Board of Directors July 20, 2003.

American Society of Consultant Pharmacists

**BIAS OR POTENTIAL CONFLICT OF INTEREST AND RELATED
PARTY TRANSACTIONS DISCLOSURE STATEMENT**

I have read and am familiar with the details of the American Society of Consultant Pharmacists Board of Directors Operating Policy Statement titled, "*Disclosure of Bias or Potential Conflicts of Interest and Related Party Transactions*." I understand that disclosure is a continuing obligation of Members of the ASCP Board of Directors and that if there is a change in my employment, professional activities, or financial interests, which could bias my actions on behalf of ASCP or create a potential conflict of interest, or which constitute a related party transaction, I will make additional disclosures in accordance with Board policy.

During the past twelve months, currently, and in the future twelve months as presently known by me, the following are my affiliations or interests that, considered in conjunction with my position or relation to ASCP, might constitute a conflict of interest or create a potential bias.

1. Employment Relationships

Describe your current employment, including full time, part time, consultant, and independent contractor activities. Please identify any employment relationships to which you are a party which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP.

President of CCRx of NC, Inc, a long term care pharmacy provider serving institutionalized residents in NC, SC and VA.

2. Professional Activities and Relationships

Describe any organizations or relationships in which you serve or are affiliated or participate in. Please identify any professional activities and relationships in which you are engaged which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP. (please check all that apply):

☒ Advisory board(s)/panel(s) of GSK (last date 2007) _____

☐ Focus group(s) for _____

- ☐ Research activity/project(s) funded by the pharmaceutical industry and/or foundations _____
- ☐ Business partner/contractor to or with ASCP _____
- ☐ Business partner/contractor to or with the ASCP Foundation _____
- ☐ Trainer or faculty member of _____
- ☐ Speaker or speaker's bureau participant for _____
- ☐ Publication project for _____
- ☐ Writer/author for _____
- ☐ Editorial board(s) for pharmacy and/or medical publications for _____
- ☐ Educational and/or research grants received on behalf of _____
- ☐ Medical educator/communicator for _____
- ☐ Honoraria received from _____ for _____

3. **Financial Interests.**

Describe your ownership of, or interests in, pharmaceutical, medical, long term care, or similar businesses, including any publicly traded stock. Please identify any significant financial interests you have which conflict with, or are adverse to, the mission or interests of ASCP or which may create a bias in your actions on behalf of ASCP.

Stock-holder of CCRx of NC, inc

4. **Related Party Transactions**

Please identify any related party transactions with ASCP or the ASCP Research and Education Foundation for which you receive compensation.

ASCP

- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☒ Speaker: Amerisource Bergen project _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

ASCP FOUNDATION

- ☐ Traineeship preceptor/faculty _____
- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____

- ☒ Research activity/project(s): Participated in the Fleetwood III project.
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR CURRICULUM VITA.

To the best of my knowledge the above declaration is complete.

Signature: Ross Brickley

Date: 11/29/09

Name (print): Ross Brickley

| | | | |
|-----------|-------------|------------------------------------|-----------------|
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
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| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |

Note: If there are changes, complete new disclosure form.

Byars

American Society of Consultant Pharmacists

**Board of Directors
Operating Policy and Disclosure Statements**

Approved November 16, 2009

**DISCLOSURE OF BIAS OR POTENTIAL CONFLICTS OF INTEREST
AND RELATED PARTY TRANSACTIONS**

WHEREAS:

Securing Members who have a wide variety of professionally related experiences to serve on the Board of Directors furthers the interest of ASCP by providing valuable perspectives on policy development, professional and ASCP issues, and provides various means to communicate ASCP policies, standards, and activities to different publics; and

ASCP recognizes that it would be unreasonable to expect its volunteer Members to give up other individual professional activities and financial interests while serving on the Board of Directors; and

Such service must meet certain legal and ethical principles which, recognizing the fiduciary nature thereof, requires Members to act honestly, in good faith and in the best interests of ASCP; and

When such other professional activity and financial interests of a Member may diverge from the interests of ASCP, the Member should act in accordance with the ASCP policy governing the disclosure of bias and potential conflicts of interest; and

The concept of fiduciary duty is especially pertinent to "related party transactions";

THEREFORE:

THE BOARD OF DIRECTORS RESOLVES, that the following policy be adopted for current and all future members of the Board of Directors.

BIAS OR POTENTIAL CONFLICTS OF INTEREST

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RELATED PARTY TRANSACTIONS

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The Chairman of the Board of Directors and the Executive Director are authorized and directed to see that the foregoing policies are implemented.

Revised and approved by Board of Directors July 20, 2003.

American Society of Consultant Pharmacists

**BIAS OR POTENTIAL CONFLICT OF INTEREST AND RELATED
PARTY TRANSACTIONS DISCLOSURE STATEMENT**

I have read and am familiar with the details of the American Society of Consultant Pharmacists Board of Directors Operating Policy Statement titled, "*Disclosure of Bias or Potential Conflicts of Interest and Related Party Transactions*." I understand that disclosure is a continuing obligation of Members of the ASCP Board of Directors and that if there is a change in my employment, professional activities, or financial interests, which could bias my actions on behalf of ASCP or create a potential conflict of interest, or which constitute a related party transaction, I will make additional disclosures in accordance with Board policy.

During the past twelve months, currently, and in the future twelve months as presently known by me, the following are my affiliations or interests that, considered in conjunction with my position or relation to ASCP, might constitute a conflict of interest or create a potential bias.

1. Employment Relationships

Describe your current employment, including full time, part time, consultant, and independent contractor activities. Please identify any employment relationships to which you are a party which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP.

Employed By Home Pharmacy Services, Belleville, IL
AN OMNIA CARE COMPANY

I AM AWARE OF NO CONFLICT WITH ASCP

2. Professional Activities and Relationships

Describe any organizations or relationships in which you serve or are affiliated or participate in. Please identify any professional activities and relationships in which you are engaged which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP. (please check all that apply):

- ☐ Advisory board(s)/panel(s) of _____
- ☐ Focus group(s) for _____

- ☐ Research activity/project(s) funded by the pharmaceutical industry and/or foundations _____
- ☐ Business partner/contractor to or with ASCP _____
- ☐ Business partner/contractor to or with the ASCP Foundation _____
- ☒ Trainer or faculty member of SOUTHERN ILLINOIS UNIVERSITY
- ☒ Speaker or speaker's bureau participant for FOURST PHARM.
- ☐ Publication project for _____
- ☐ Writer/author for _____
- ☐ Editorial board(s) for pharmacy and/or medical publications for _____
- ☒ Educational and/or research grants received on behalf of WATSON PHARM.
- ☐ Medical educator/communicator for _____
- ☐ Honoraria received from _____ for _____

3. Financial Interests.

Describe your ownership of, or interests in, pharmaceutical, medical, long term care, or similar businesses, including any publicly traded stock. Please identify any significant financial interests you have which conflict with, or are adverse to, the mission or interests of ASCP or which may create a bias in your actions on behalf of ASCP.

NONE

4. Related Party Transactions

Please identify any related party transactions with ASCP or the ASCP Research and Education Foundation for which you receive compensation.

NONE

ASCP

- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

ASCP FOUNDATION

- ☐ Traineeship preceptor/faculty
☐ Advisory board(s)/panel(s) _____
☐ Focus group(s) _____
☐ Research activity/project(s) _____
☐ Business partner/contractor _____
☐ Speaker _____
☐ Publication project _____
☐ Writer/author _____
☐ Editorial board(s) _____
☐ Educational and/or research grants received _____
☐ Honoraria received for _____
☐ Other (describe) _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR CURRICULUM VITA.

To the best of my knowledge the above declaration is complete.

Signature James R. Byars
Name (print) JAMES R. BYARS

Date 12/1/09

| | | | |
|-----------|-------------|------------------------------------|-----------------|
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
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| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |

Note: If there are changes, complete new disclosure form.

American Society of Consultant Pharmacists**BIAS OR POTENTIAL CONFLICT OF INTEREST AND RELATED
PARTY TRANSACTIONS DISCLOSURE STATEMENT**

I have read and am familiar with the details of the American Society of Consultant Pharmacists Board of Directors Operating Policy Statement titled, "Disclosure of Bias or Potential Conflicts of Interest and Related Party Transactions." I understand that disclosure is a continuing obligation of Members of the ASCP Board of Directors and that if there is a change in my employment, professional activities, or financial interests, which could bias my actions on behalf of ASCP or create a potential conflict of interest, or which constitute a related party transaction, I will make additional disclosures in accordance with Board policy.

During the past twelve months, currently, and in the future twelve months as presently known by me, the following are my affiliations or interests that, considered in conjunction with my position or relation to ASCP, might constitute a conflict of interest or create a potential bias.

1. Employment Relationships

Describe your current employment, including full time, part time, consultant, and independent contractor activities. Please identify any employment relationships to which you are a party which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP.

Independent Consultant - 3 nursing facilities
Contracting - Am Mexico

2. Professional Activities and Relationships

Describe any organizations or relationships in which you serve or are affiliated or participate in. Please identify any professional activities and relationships in which you are engaged which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP. (please check all that apply):

☒ Advisory board(s)/panel(s) of Eric Pharm

☐ Focus group(s) for _____

- ☐ Research activity/project(s) funded by the pharmaceutical industry and/or foundations _____
- ☐ Business partner/contractor to or with ASCP _____
- ☐ Business partner/contractor to or with the ASCP Foundation _____
- ☐ Trainer or faculty member of _____
- ☐ Speaker or speaker's bureau participant for _____
- ☐ Publication project for _____
- ☐ Writer/author for _____
- ☐ Editorial board(s) for pharmacy and/or medical publications for _____
- ☐ Educational and/or research grants received on behalf of _____
- ☐ Medical educator/communicator for _____
- ☐ Honoraria received from _____ for _____

3. Financial Interests.

Describe your ownership of, or interests in, pharmaceutical, medical, long term care, or similar businesses, including any publicly traded stock. Please identify any significant financial interests you have which conflict with, or are adverse to, the mission or interests of ASCP or which may create a bias in your actions on behalf of ASCP.

Schering Plough Stocks
Pharmacia Stocks

4. Related Party Transactions

Please identify any related party transactions with ASCP or the ASCP Research and Education Foundation for which you receive compensation.

ASCP

- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☒ Speaker EL ASCP Meeting 10/09 Annual Mtg 11/09
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

ASCP FOUNDATION

- ☐ Traineeship preceptor/faculty
☐ Advisory board(s)/panel(s) _____
☐ Focus group(s) _____
☐ Research activity/project(s) _____
☐ Business partner/contractor _____
☐ Speaker _____
☐ Publication project _____
☐ Writer/author _____
☐ Editorial board(s) _____
☐ Educational and/or research grants received _____
☐ Honoraria received for _____
☐ Other (describe) _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR CURRICULUM VITA.

To the best of my knowledge the above declaration is complete.

Signature Sharon F. Clacklin

Date 11/30/09

Name (print) SHARON F. CLACKLIN

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Note: If there are changes, complete new disclosure form.

1-3-2011

American Society of Consultant Pharmacists

BIAS OR POTENTIAL CONFLICT OF INTEREST AND RELATED
PARTY TRANSACTIONS DISCLOSURE STATEMENT

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Describe your current employment, including full time, part time, consultant, and independent contractor activities. Please identify any employment relationships to which you are a party which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP.

Independent contractor with Senior Care Consultant Group, LLC-consulting in ALF and SNF

Independent Contractor with Consulting Pharmacists, Inc.-consulting in County Prisons

Independent Contractor with Health Care Consultants-consulting in Surgery Center

Independent Consultant -doing individual consults My company is GJD Consulting, LLC

2. Professional Activities and Relationships

Describe any organizations or relationships in which you serve or are affiliated or participate in. Please identify any professional activities and relationships in which you are engaged which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP. (please check all that apply): NA

☐ Advisory board(s)/panel(s) of _____

☐ Focus group(s) for _____

☐ Research activity/project(s) funded by the pharmaceutical industry and/or foundations _____

☐ Business partner/contractor to or with ASCP _____

☐ Business partner/contractor to or with the ASCP Foundation _____

☐ Trainer or faculty member of _____

☐ Speaker or speaker's bureau participant for _____

☐ Publication project for _____

- ☐ Writer/author for _____
- ☐ Editorial board(s) for pharmacy and/or medical publications for _____
- ☐ Educational and/or research grants received on behalf of _____
- ☐ Medical educator/communicator for _____
- ☐ Honoraria received from _____ for _____

3. Financial Interests.

Describe your ownership of, or interests in, pharmaceutical, medical, long term care, or similar businesses, including any publicly traded stock. Please identify any significant financial interests you have which conflict with, or are adverse to, the mission or interests of ASCP or which may create a bias in your actions on behalf of ASCP.

NA _____

4. Related Party Transactions

Please identify any related party transactions with ASCP or the ASCP Research and Education Foundation for which you receive compensation. NA

ASCP

- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

ASCP FOUNDATION

- ☐ Traineeship preceptor/faculty
- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____

☐ Honoraria received for _____
☐ Other (describe) _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR CURRICULUM VITA.

To the best of my knowledge the above declaration is complete.

Signature Janet L. Dallman, Ch

Date 11-29-09

Name (print): Janet L. Dallman, CPh. _____

| | | | |
|-----------|-------------|------------------------------------|-----------------|
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
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| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |

Note: If there are changes, complete new disclosure form.

v. 7/20/03

Kerry Anne

American Society of Consultant Pharmacists

**BIAS OR POTENTIAL CONFLICT OF INTEREST AND RELATED
PARTY TRANSACTIONS DISCLOSURE STATEMENT**

I have read and am familiar with the details of the American Society of Consultant Pharmacists Board of Directors Operating Policy Statement titled, "*Disclosure of Bias or Potential Conflicts of Interest and Related Party Transactions*." I understand that disclosure is a continuing obligation of Members of the ASCP Board of Directors and that if there is a change in my employment, professional activities, or financial interests, which could bias my actions on behalf of ASCP or create a potential conflict of interest, or which constitute a related party transaction, I will make additional disclosures in accordance with Board policy.

During the past twelve months, currently, and in the future twelve months as presently known by me, the following are my affiliations or interests that, considered in conjunction with my position or relation to ASCP, might constitute a conflict of interest or create a potential bias.

1. Employment Relationships

Describe your current employment, including full time, part time, consultant, and independent contractor activities. Please identify any employment relationships to which you are a party which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP.

Associate Dean / Professor, Virginia Commonwealth Univ.

2. Professional Activities and Relationships

Describe any organizations or relationships in which you serve or are affiliated or participate in. Please identify any professional activities and relationships in which you are engaged which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP. (please check all that apply):

- ☐ Advisory board(s)/panel(s) of _____
- ☐ Focus group(s) for _____

- ☐ Research activity/project(s) funded by the pharmaceutical industry and/or foundations _____
- ☒ Business partner/contractor to or with ASCP TCP series editor
- ☐ Business partner/contractor to or with the ASCP Foundation _____
- ☐ Trainer or faculty member of _____
- ☐ Speaker or speaker's bureau participant for _____
- ☐ Publication project for _____
- ☐ Writer/author for _____
- ☒ Editorial board(s) for pharmacy and/or medical publications for Annals of Pharmacotherapy; J. Am. Pharmacists Assoc.
- ☐ Educational and/or research grants received on behalf of _____
- ☐ Medical educator/communicator for _____
- ☐ Honoraria received from _____ for _____

3. Financial Interests.

Describe your ownership of, or interests in, pharmaceutical, medical, long term care, or similar businesses, including any publicly traded stock. Please identify any significant financial interests you have which conflict with, or are adverse to, the mission or interests of ASCP or which may create a bias in your actions on behalf of ASCP.

4. Related Party Transactions

Please identify any related party transactions with ASCP or the ASCP Research and Education Foundation for which you receive compensation.

ASCP

- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☒ Speaker MTM certificate program
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☒ Honoraria received for speaker / faculty at CE programs
- ☐ Other (describe) _____

ASCP FOUNDATION

- ☐ Traineeship preceptor/faculty
- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR CURRICULUM VITA.

To the best of my knowledge the above declaration is complete.

Signature *Jaffrey Delafuente*

Date 11-30-09

Name (print) Jaffrey Delafuente

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Note: If there are changes, complete new disclosure form.

Jeffery

American Society of Consultant Pharmacists**Board of Directors
Operating Policy and Disclosure Statements**

Approved November 16, 2009

**DISCLOSURE OF BIAS OR POTENTIAL CONFLICTS OF INTEREST
AND RELATED PARTY TRANSACTIONS****WHEREAS:**

Securing Members who have a wide variety of professionally related experiences to serve on the Board of Directors furthers the interest of ASCP by providing valuable perspectives on policy development, professional and ASCP issues, and provides various means to communicate ASCP policies, standards, and activities to different publics; and

ASCP recognizes that it would be unreasonable to expect its volunteer Members to give up other individual professional activities and financial interests while serving on the Board of Directors; and

Such service must meet certain legal and ethical principles which, recognizing the fiduciary nature thereof, requires Members to act honestly, in good faith and in the best interests of ASCP; and

When such other professional activity and financial interests of a Member may diverge from the interests of ASCP, the Member should act in accordance with the ASCP policy governing the disclosure of bias and potential conflicts of interest; and

The concept of fiduciary duty is especially pertinent to "related party transactions";

THEREFORE:

THE BOARD OF DIRECTORS RESOLVES, that the following policy be adopted for current and all future members of the Board of Directors.

BIAS OR POTENTIAL CONFLICTS OF INTEREST

1. Members who serve on the Board of Directors are expected to exercise their best judgment to further the interest of ASCP; this judgment must be exercised in light of their experiences, perspectives and expertise.
2. Annually, a Member serving on the Board of Directors shall disclose all potential conflicts of interest in employment, professional activities, and financial interests to the Executive Director of ASCP on the attached ASCP Disclosure Statement. Members of the Board of Directors will review and update their Disclosure Statement prior to each meeting of the Board of Directors and/or Executive Committee.

3. If any question shall arise as to whether a particular activity or organizational affiliation constitutes a conflict of interest for a Member of the Board of Directors, the question shall be submitted to the Board of Directors for a decision. A majority vote of the Board of Directors shall decide such questions. However, if a Member believes he/she may have a conflict of interest, he/she may excuse himself/herself from the discussion of a particular matter and/or the vote. In cases where the Board of Directors determines the conflict is a problem relative to continued service, the Member shall take the action required under #7. If the Member fails to take the action required under #7, the Board of Directors may remove the Member from office as permitted in Article IX, Section 12 of the ASCP By-laws.
4. If a Member of the Board of Directors finds that he/she is in competition with the Society in any activity or business, or in any specific business proposal, the Member must disclose this in a timely manner.
5. No Member of the Board of Directors shall disclose to others or use for his/her own benefit, or the benefit of others, any information owned, possessed or used by the Society that is identified as "confidential," except as authorized by the Society and for its benefit.
6. Any Member of the Board of Directors having a potential conflict of interest on any matter should not vote or use his/her personal influence on the matter, and he/she should not be counted in determining the quorum for the meeting, even when permitted by law. The minutes of the meeting shall reflect that a disclosure was made, the abstention from voting, and quorum situation. By majority vote of the Board of Directors, any individual with a potential conflict of interest may, in addition to being excluded from voting on the matter in question, be excluded from any participation in the matter and/or may be excluded from the meeting during consideration and voting upon the matter in question.
7. In the event a Member of the Board of Directors is involved in activities or organizations which constitute an actual conflict of interest that affects his/her continued service, he/she shall take prompt action to resolve the conflict by (a) terminating the conflicting activity or organizational affiliation; or (b) by resigning from the ASCP Board of Directors.
8. The foregoing requirements should not be construed as preventing the Member from briefly stating his/her position in the matter, nor from answering pertinent questions of Board Members since his/her knowledge may be of great assistance.

RELATED PARTY TRANSACTIONS

9. The ASCP Operating Policy for IRS Intermediate Sanctions Compliance will apply for the approval of all related party transactions. All related party transactions must be approved in advance by the Executive Committee of ASCP. Annually, a Member serving on the Board of Directors shall disclose all approved related party transactions to the Executive Director of ASCP on the attached ASCP Disclosure Statement. Members of the Board of Directors will review and update their Disclosure Statement prior to each meeting of the Board of Directors and/or Executive Committee.

This policy will be provided on an annual basis to all Members of the ASCP Board of Directors. New Board Members will be advised of the policy upon taking office. This policy will be provided to any individual nominated to the ASCP Board of Directors.

The following statement will be read at the beginning of all meetings of the ASCP Board of Directors, and the Executive Committee:

It is my duty to remind you that the American Society of Consultant Pharmacists maintains an official policy with respect to the disclosure of bias and potential conflicts of interest, and related party transactions. If you have a question about whether you should make such a disclosure and you are about to participate in a meeting where that conflict would apply, you should ask the Chair of the meeting whether you should absent yourself or not participate in the discussion for its duration.

The Chairman of the Board of Directors and the Executive Director are authorized and directed to see that the foregoing policies are implemented.

Revised and approved by Board of Directors July 20, 2003.

American Society of Consultant Pharmacists**BIAS OR POTENTIAL CONFLICT OF INTEREST AND RELATED
PARTY TRANSACTIONS DISCLOSURE STATEMENT**

I have read and am familiar with the details of the American Society of Consultant Pharmacists Board of Directors Operating Policy Statement titled, "*Disclosure of Bias or Potential Conflicts of Interest and Related Party Transactions*." I understand that disclosure is a continuing obligation of Members of the ASCP Board of Directors and that if there is a change in my employment, professional activities, or financial interests, which could bias my actions on behalf of ASCP or create a potential conflict of interest, or which constitute a related party transaction, I will make additional disclosures in accordance with Board policy.

During the past twelve months, currently, and in the future twelve months as presently known by me, the following are my affiliations or interests that, considered in conjunction with my position or relation to ASCP, might constitute a conflict of interest or create a potential bias.

1. Employment Relationships

Describe your current employment, including full time, part time, consultant, and independent contractor activities. Please identify any employment relationships to which you are a party which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP.

Associate Clinical Professor, University of Connecticut (Full time)
Residency Program Director, VA Connecticut (0.2 FTEE)

2. Professional Activities and Relationships

Describe any organizations or relationships in which you serve or are affiliated or participate in. Please identify any professional activities and relationships in which you are engaged which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP. (please check all that apply):

- ☐ Advisory board(s)/panel(s) of _____
- ☐ Focus group(s) for _____
- ☐ Research activity/project(s) funded by the pharmaceutical industry and/or foundations _____
- ☐ Business partner/contractor to or with ASCP _____
- ☐ Business partner/contractor to or with the ASCP Foundation _____
- ☐ Trainer or faculty member of _____
- ☐ Speaker or speaker's bureau participant for _____
- ☐ Publication project for _____
- ☐ Writer/author for _____

- ☐ Editorial board(s) for pharmacy and/or medical publications for _____
- ☐ Educational and/or research grants received on behalf of _____
- ☐ Medical educator/communicator for _____
- ☐ Honoraria received from _____ for _____

3. Financial Interests.

Describe your ownership of, or interests in, pharmaceutical, medical, long term care, or similar businesses, including any publicly traded stock. Please identify any significant financial interests you have which conflict with, or are adverse to, the mission or interests of ASCP or which may create a bias in your actions on behalf of ASCP.

My wife is a employee of Cardinal Health and has stock in the company.

4. Related Party Transactions

Please identify any related party transactions with ASCP or the ASCP Research and Education Foundation for which you receive compensation.

ASCP

- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☒ Speaker: MCM Audio Conference on Geriatric Depression
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

ASCP FOUNDATION

- ☐ Traineeship preceptor/faculty _____
- ☒ Advisory board(s)/panel(s) FOB Advisory Board '09
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR CURRICULUM VITA.

To the best of my knowledge the above declaration is complete.

Signature



Date 12/21/09

Name (print) Sean M. Jeffery

Reviewed: Date: _____ ☐ No change

Signature _____

Reviewed: Date: _____ ☐ No change

Signature _____

Reviewed: Date: _____ ☐ No change

Signature _____

Reviewed: Date: _____ ☐ No change

Signature _____

Reviewed: Date: _____ ☐ No change

Signature _____

Reviewed: Date: _____ ☐ No change

Signature _____

Reviewed: Date: _____ ☐ No change

Signature _____

Reviewed: Date: _____ ☐ No change

Signature _____

Note: If there are changes, complete new disclosure form.

v. 7/20/03

MARTHA M.
Little

American Society of Consultant Pharmacists

**Board of Directors
Operating Policy and Disclosure Statements**

Approved November 16, 2009

**DISCLOSURE OF BIAS OR POTENTIAL CONFLICTS OF INTEREST
AND RELATED PARTY TRANSACTIONS**

WHEREAS:

Securing Members who have a wide variety of professionally related experiences to serve on the Board of Directors furthers the interest of ASCP by providing valuable perspectives on policy development, professional and ASCP issues, and provides various means to communicate ASCP policies, standards, and activities to different publics; and

ASCP recognizes that it would be unreasonable to expect its volunteer Members to give up other individual professional activities and financial interests while serving on the Board of Directors; and

Such service must meet certain legal and ethical principles which, recognizing the fiduciary nature thereof, requires Members to act honestly, in good faith and in the best interests of ASCP; and

When such other professional activity and financial interests of a Member may diverge from the interests of ASCP, the Member should act in accordance with the ASCP policy governing the disclosure of bias and potential conflicts of interest; and

The concept of fiduciary duty is especially pertinent to "related party transactions";

THEREFORE:

THE BOARD OF DIRECTORS RESOLVES, that the following policy be adopted for current and all future members of the Board of Directors.

BIAS OR POTENTIAL CONFLICTS OF INTEREST

1. Members who serve on the Board of Directors are expected to exercise their best judgment to further the interest of ASCP; this judgment must be exercised in light of their experiences, perspectives and expertise.
2. Annually, a Member serving on the Board of Directors shall disclose all potential conflicts of interest in employment, professional activities, and financial interests to the Executive Director of ASCP on the attached ASCP Disclosure Statement. Members of the Board of Directors will review and update their Disclosure Statement prior to each meeting of the Board of Directors and/or Executive Committee.

3. If any question shall arise as to whether a particular activity or organizational affiliation constitutes a conflict of interest for a Member of the Board of Directors, the question shall be submitted to the Board of Directors for a decision. A majority vote of the Board of Directors shall decide such questions. However, if a Member believes he/she may have a conflict of interest, he/she may excuse himself/herself from the discussion of a particular matter and/or the vote. In cases where the Board of Directors determines the conflict is a problem relative to continued service, the Member shall take the action required under #7. If the Member fails to take the action required under #7, the Board of Directors may remove the Member from office as permitted in Article IX, Section 12 of the ASCP By-laws.
4. If a Member of the Board of Directors finds that he/she is in competition with the Society in any activity or business, or in any specific business proposal, the Member must disclose this in a timely manner.
5. No Member of the Board of Directors shall disclose to others or use for his/her own benefit, or the benefit of others, any information owned, possessed or used by the Society that is identified as "confidential," except as authorized by the Society and for its benefit.
6. Any Member of the Board of Directors having a potential conflict of interest on any matter should not vote or use his/her personal influence on the matter, and he/she should not be counted in determining the quorum for the meeting, even when permitted by law. The minutes of the meeting shall reflect that a disclosure was made, the abstention from voting, and quorum situation. By majority vote of the Board of Directors, any individual with a potential conflict of interest may, in addition to being excluded from voting on the matter in question, be excluded from any participation in the matter and/or may be excluded from the meeting during consideration and voting upon the matter in question.
7. In the event a Member of the Board of Directors is involved in activities or organizations which constitute an actual conflict of interest that affects his/her continued service, he/she shall take prompt action to resolve the conflict by (a) terminating the conflicting activity or organizational affiliation; or (b) by resigning from the ASCP Board of Directors.
8. The foregoing requirements should not be construed as preventing the Member from briefly stating his/her position in the matter, nor from answering pertinent questions of Board Members since his/her knowledge may be of great assistance.

RELATED PARTY TRANSACTIONS

9. ~~The ASCP Operating Policy for IRS Intermediate Sanctions Compliance will apply for the approval of all related party transactions. All related party transactions must be approved in advance by the Executive Committee of ASCP. Annually, a Member serving on the Board of Directors shall disclose all approved related party transactions to the Executive Director of ASCP on the attached ASCP Disclosure Statement. Members of the Board of Directors will review and update their Disclosure Statement prior to each meeting of the Board of Directors and/or Executive Committee.~~

This policy will be provided on an annual basis to all Members of the ASCP Board of Directors. New Board Members will be advised of the policy upon taking office. This policy will be provided to any individual nominated to the ASCP Board of Directors.

The following statement will be read at the beginning of all meetings of the ASCP Board of Directors, and the Executive Committee:

It is my duty to remind you that the American Society of Consultant Pharmacists maintains an official policy with respect to the disclosure of bias and potential conflicts of interest, and related party transactions. If you have a question about whether you should make such a disclosure and you are about to participate in a meeting where that conflict would apply, you should ask the Chair of the meeting whether you should absent yourself or not participate in the discussion for its duration.

The Chairman of the Board of Directors and the Executive Director are authorized and directed to see that the foregoing policies are implemented.

Revised and approved by Board of Directors July 20, 2003.

American Society of Consultant Pharmacists

**BIAS OR POTENTIAL CONFLICT OF INTEREST AND RELATED
PARTY TRANSACTIONS DISCLOSURE STATEMENT**

I have read and am familiar with the details of the American Society of Consultant Pharmacists Board of Directors Operating Policy Statement titled, "*Disclosure of Bias or Potential Conflicts of Interest and Related Party Transactions*." I understand that disclosure is a continuing obligation of Members of the ASCP Board of Directors and that if there is a change in my employment, professional activities, or financial interests, which could bias my actions on behalf of ASCP or create a potential conflict of interest, or which constitute a related party transaction, I will make additional disclosures in accordance with Board policy.

During the past twelve months, currently, and in the future twelve months as presently known by me, the following are my affiliations or interests that, considered in conjunction with my position or relation to ASCP, might constitute a conflict of interest or create a potential bias.

1. Employment Relationships

Describe your current employment, including full time, part time, consultant, and independent contractor activities. Please identify any employment relationships to which you are a party which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP.

See resume/CV + BIO
No areas of conflict and no current financial relationship with any Pharma company.

2. Professional Activities and Relationships

Describe any organizations or relationships in which you serve or are affiliated or participate in. Please identify any professional activities and relationships in which you are engaged which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP. (please check all that apply):

- ☒ Advisory board(s)/panel(s) of *University of Florida College of Pharmacy*
☐ Focus group(s) for *N/A*

☐ Research activity/project(s) funded by the pharmaceutical industry and/or foundations N/A

☐ Business partner/contractor to or with ASCP N/A

☐ Business partner/contractor to or with the ASCP Foundation N/A

☐ Trainer or faculty member of N/A

☐ Speaker or speaker's bureau participant for N/A

☐ Publication project for N/A

☐ Writer/author for N/A

☐ Editorial board(s) for pharmacy and/or medical publications for N/A

☐ Educational and/or research grants received on behalf of N/A

☐ Medical educator/communicator for N/A

☒ Honoraria received from Palm Beach Atlantic College of Pharmacy for precepting Geriatric students

3. Financial Interests.

Describe your ownership of, or interests in, pharmaceutical, medical, long term care, or similar businesses, including any publicly traded stock. Please identify any significant financial interests you have which conflict with, or are adverse to, the mission or interests of ASCP or which may create a bias in your actions on behalf of ASCP.

- Stockholder of Omnicare, Inc.

- This is not a conflict for ASCP

4. Related Party Transactions

Please identify any related party transactions with ASCP or the ASCP Research and Education Foundation for which you receive compensation.

ASCP N/A

☐ Advisory board(s)/panel(s) _____

☐ Focus group(s) _____

☐ Research activity/project(s) _____

☐ Business partner/contractor _____

☐ Speaker _____

☐ Publication project _____

☐ Writer/author _____

☐ Editorial board(s) _____

☐ Educational and/or research grants received _____

☐ Honoraria received for _____

☐ Other (describe) _____

ASCP FOUNDATION

N/A

- ☐ Traineeship preceptor/faculty
- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR CURRICULUM VITA.

To the best of my knowledge the above declaration is complete.

Signature Martha M. Little, Pharm D Date 11/30/09
 Name (print) MARTHA M. LITTLE, Pharm D

| | | | |
|-----------|-------------|------------------------------------|-----------------|
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |
| Reviewed: | Date: _____ | <input type="checkbox"/> No change | Signature _____ |

Note: If there are changes, complete new disclosure form.

Kasa

American Society of Consultant Pharmacists

**BIAS OR POTENTIAL CONFLICT OF INTEREST AND RELATED
PARTY TRANSACTIONS DISCLOSURE STATEMENT**

I have read and am familiar with the details of the American Society of Consultant Pharmacists Board of Directors Operating Policy Statement titled, "*Disclosure of Bias or Potential Conflicts of Interest and Related Party Transactions*." I understand that disclosure is a continuing obligation of Members of the ASCP Board of Directors and that if there is a change in my employment, professional activities, or financial interests, which could bias my actions on behalf of ASCP or create a potential conflict of interest, or which constitute a related party transaction, I will make additional disclosures in accordance with Board policy.

During the past twelve months, currently, and in the future twelve months as presently known by me, the following are my affiliations or interests that, considered in conjunction with my position or relation to ASCP, might constitute a conflict of interest or create a potential bias.

1. Employment Relationships

Describe your current employment, including full time, part time, consultant, and independent contractor activities. Please identify any employment relationships to which you are a party which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP.

Self employed - Consulting only practice

*We do accept financial support for our staff meetings
from a variety of pharma organizations.*

2. Professional Activities and Relationships

Describe any organizations or relationships in which you serve or are affiliated or participate in. Please identify any professional activities and relationships in which you are engaged which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP. (please check all that apply):

- ☒ Advisory board(s)/panel(s) of *Novartis, Ortho biotec, Essex Inc., Sunovion, Forest*
☐ Focus group(s) for _____

- ☐ Research activity/project(s) funded by the pharmaceutical industry and/or foundations _____
- ☐ Business partner/contractor to or with ASCP _____
- ☐ Business partner/contractor to or with the ASCP Foundation _____
- ☒ Trainer or faculty member of CMA program NJ
- ☒ Speaker or speaker's bureau participant for QBI, Eisai
- ☐ Publication project for _____
- ☐ Writer/author for _____
- ☐ Editorial board(s) for pharmacy and/or medical publications for _____
- ☐ Educational and/or research grants received on behalf of _____
- ☐ Medical educator/communicator for _____
- ☒ Honoraria received from _____ for _____

3. Financial Interests.

Describe your ownership of, or interests in, pharmaceutical, medical, long term care, or similar businesses, including any publicly traded stock. Please identify any significant financial interests you have which conflict with, or are adverse to, the mission or interests of ASCP or which may create a bias in your actions on behalf of ASCP.

4. Related Party Transactions

Please identify any related party transactions with ASCP or the ASCP Research and Education Foundation for which you receive compensation.

ASCP

- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

ASCP FOUNDATION

- ☐ Traineeship preceptor/faculty
- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR CURRICULUM VITA.

To the best of my knowledge the above declaration is complete.

Signature _____

Date 10/14/09

Name (print) _____

Paul R. Rasa

Reviewed: Date: _____ ☐ No change

Signature _____

Reviewed: Date: _____ ☐ No change

Signature _____

Reviewed: Date: _____ ☐ No change

Signature _____

Reviewed: Date: _____ ☐ No change

Signature _____

Reviewed: Date: _____ ☐ No change

Signature _____

Reviewed: Date: _____ ☐ No change

Signature _____

Reviewed: Date: _____ ☐ No change

Signature _____

Reviewed: Date: _____ ☐ No change

Signature _____

Note: If there are changes, complete new disclosure form.

American Society of Consultant Pharmacists

**BIAS OR POTENTIAL CONFLICT OF INTEREST AND RELATED
PARTY TRANSACTIONS DISCLOSURE STATEMENT**

I have read and am familiar with the details of the American Society of Consultant Pharmacists Board of Directors Operating Policy Statement titled, "Disclosure of Bias or Potential Conflicts of Interest and Related Party Transactions." I understand that disclosure is a continuing obligation of Members of the ASCP Board of Directors and that if there is a change in my employment, professional activities, or financial interests, which could bias my actions on behalf of ASCP or create a potential conflict of interest, or which constitute a related party transaction, I will make additional disclosures in accordance with Board policy.

During the past twelve months, currently, and in the future twelve months as presently known by me, the following are my affiliations or interests that, considered in conjunction with my position or relation to ASCP, might constitute a conflict of interest or create a potential bias.

1. Employment Relationships

Describe your current employment, including full time, part time, consultant, and independent contractor activities. Please identify any employment relationships to which you are a party which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP.

Current Employer: Campbell University College of Pharmacy & Health Sciences

Current Position: Vice-Chair, Experiential & Continuing Education
Associate Professor Dept of Pharmacy Practice

Contracted: Provide MTM Services for Physicians Pharmacy Alliance
in Cary NC / Also provide SCP services and consult

Research: Conduct personal research in areas of adherence,
medication management and medication errors (ADEs)
all as part of role as faculty for CU CPHS.

2. Professional Activities and Relationships

Describe any organizations or relationships in which you serve or are affiliated or participate in. Please identify any professional activities and relationships in which you are engaged which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP. (please check all that apply):

- ☒ Advisory board(s)/panel(s) of Will finish Board term for NC AP (12/31/09)
☐ Focus group(s) for _____

- ☐ Research activity/project(s) funded by the pharmaceutical industry and/or foundations _____
- ☐ Business partner/contractor to or with ASCP _____
- ☐ Business partner/contractor to or with the ASCP Foundation _____
- ☐ Trainer or faculty member of _____
- ☐ Speaker or speaker's bureau participant for _____
- ☐ Publication project for _____
- ☐ Writer/author for _____
- ☐ Editorial board(s) for pharmacy and/or medical publications for _____
- ☐ Educational and/or research grants received on behalf of _____
- ☐ Medical educator/communicator for _____
- ☐ Honoraria received from _____ for _____

3. Financial Interests.

Describe your ownership of, or interests in, pharmaceutical, medical, long term care, or similar businesses, including any publicly traded stock. Please identify any significant financial interests you have which conflict with, or are adverse to, the mission or interests of ASCP or which may create a bias in your actions on behalf of ASCP.

N/A

4. Related Party Transactions

Please identify any related party transactions with ASCP or the ASCP Research and Education Foundation for which you receive compensation.

ASCP

- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☒ Research activity/project(s) Trying to work to ASCP Foundation in Future developing & enhancing my Med AdhJA (adherence Assessment)
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

ASCP FOUNDATION

- ☐ Traineeship preceptor/faculty
☐ Advisory board(s)/panel(s) _____
☐ Focus group(s) _____
☒ Research activity/project(s) see previous page - same item
☐ Business partner/contractor _____
☐ Speaker _____
☐ Publication project _____
☐ Writer/author _____
☐ Editorial board(s) _____
☒ Educational and/or research grants received Possible additional grant opportunities may arise from work on Vermont Congregate Housing project.
☐ Honoraria received for _____
☐ Other (describe) _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR CURRICULUM VITA.

To the best of my knowledge the above declaration is complete.

Signature

Penny Shelton

Date

12/17/09

Name (print)

Penny Shelton

Reviewed:

Date:

☐ No change

Signature

Reviewed:

Date:

☐ No change

Signature

Reviewed:

Date:

☐ No change

Signature

Reviewed:

Date:

☐ No change

Signature

Reviewed:

Date:

☐ No change

Signature

Reviewed:

Date:

☐ No change

Signature

Reviewed:

Date:

☐ No change

Signature

Reviewed:

Date:

☐ No change

Signature

Note: If there are changes, complete new disclosure form.

SPNO

American Society of Consultant Pharmacists

**Board of Directors
Operating Policy and Disclosure Statements**

Approved July 20, 2003

**DISCLOSURE OF BIAS OR POTENTIAL CONFLICTS OF INTEREST
AND RELATED PARTY TRANSACTIONS**

WHEREAS:

Securing Members who have a wide variety of professionally related experiences to serve on the Board of Directors furthers the interest of ASCP by providing valuable perspectives on policy development, professional and ASCP issues, and provides various means to communicate ASCP policies, standards, and activities to different publics; and

ASCP recognizes that it would be unreasonable to expect its volunteer Members to give up other individual professional activities and financial interests while serving on the Board of Directors; and

Such service must meet certain legal and ethical principles which, recognizing the fiduciary nature thereof, requires Members to act honestly, in good faith and in the best interests of ASCP; and

When such other professional activity and financial interests of a Member may diverge from the interests of ASCP, the Member should act in accordance with the ASCP policy governing the disclosure of bias and potential conflicts of interest; and

The concept of fiduciary duty is especially pertinent to "related party transactions";

THEREFORE:

THE BOARD OF DIRECTORS RESOLVES, that the following policy be adopted for current and all future members of the Board of Directors.

BIAS OR POTENTIAL CONFLICTS OF INTEREST

1. Members who serve on the Board of Directors are expected to exercise their best judgment to further the interest of ASCP; this judgment must be exercised in light of their experiences, perspectives and expertise.
2. Annually, a Member serving on the Board of Directors shall disclose all potential conflicts of interest in employment, professional activities, and financial interests to the Executive Director of ASCP on the attached ASCP Disclosure Statement. Members of the Board of Directors will review and update their Disclosure Statement prior to each meeting of the Board of Directors and/or Executive Committee.

3. If any question shall arise as to whether a particular activity or organizational affiliation constitutes a conflict of interest for a Member of the Board of Directors, the question shall be submitted to the Board of Directors for a decision. A majority vote of the Board of Directors shall decide such questions. However, if a Member believes he/she may have a conflict of interest, he/she may excuse himself/herself from the discussion of a particular matter and/or the vote. In cases where the Board of Directors determines the conflict is a problem relative to continued service, the Member shall take the action required under #7. If the Member fails to take the action required under #7, the Board of Directors may remove the Member from office as permitted in Article IX, Section 12 of the ASCP By-laws.
4. If a Member of the Board of Directors finds that he/she is in competition with the Society in any activity or business, or in any specific business proposal, the Member must disclose this in a timely manner.
5. No Member of the Board of Directors shall disclose to others or use for his/her own benefit, or the benefit of others, any information owned, possessed or used by the Society that is identified as "confidential," except as authorized by the Society and for its benefit.
6. Any Member of the Board of Directors having a potential conflict of interest on any matter should not vote or use his/her personal influence on the matter, and he/she should not be counted in determining the quorum for the meeting, even when permitted by law. The minutes of the meeting shall reflect that a disclosure was made, the abstention from voting, and quorum situation. By majority vote of the Board of Directors, any individual with a potential conflict of interest may, in addition to being excluded from voting on the matter in question, be excluded from any participation in the matter and/or may be excluded from the meeting during consideration and voting upon the matter in question.
7. In the event a Member of the Board of Directors is involved in activities or organizations which constitute an actual conflict of interest that affects his/her continued service, he/she shall take prompt action to resolve the conflict by (a) terminating the conflicting activity or organizational affiliation; or (b) by resigning from the ASCP Board of Directors.
8. The foregoing requirements should not be construed as preventing the Member from briefly stating his/her position in the matter, nor from answering pertinent questions of Board Members since his/her knowledge may be of great assistance.

RELATED PARTY TRANSACTIONS

9. The ASCP Operating Policy for IRS Intermediate Sanctions Compliance will apply for the approval of all related party transactions. All related party transactions must be approved in advance by the Executive Committee of ASCP. Annually, a Member serving on the Board of Directors shall disclose all approved related party transactions to the Executive Director of ASCP on the attached ASCP Disclosure Statement. Members of the Board of Directors will review and update their Disclosure Statement prior to each meeting of the Board of Directors and/or Executive Committee.

This policy will be provided on an annual basis to all Members of the ASCP Board of Directors. New Board Members will be advised of the policy upon taking office. This policy will be provided to any individual nominated to the ASCP Board of Directors.

The following statement will be read at the beginning of all meetings of the ASCP Board of Directors, and the Executive Committee:

It is my duty to remind you that the American Society of Consultant Pharmacists maintains an official policy with respect to the disclosure of bias and potential conflicts of interest, and related party transactions. If you have a question about whether you should make such a disclosure and you are about to participate in a meeting where that conflict would apply, you should ask the Chair of the meeting whether you should absent yourself or not participate in the discussion for its duration.

The Chairman of the Board of Directors and the Executive Director are authorized and directed to see that the foregoing policies are implemented.

Revised and approved by Board of Directors July 20, 2003.

American Society of Consultant Pharmacists

**BIAS OR POTENTIAL CONFLICT OF INTEREST AND RELATED
PARTY TRANSACTIONS DISCLOSURE STATEMENT**

I have read and am familiar with the details of the American Society of Consultant Pharmacists Board of Directors Operating Policy Statement titled, "*Disclosure of Bias or Potential Conflicts of Interest and Related Party Transactions*." I understand that disclosure is a continuing obligation of Members of the ASCP Board of Directors and that if there is a change in my employment, professional activities, or financial interests, which could bias my actions on behalf of ASCP or create a potential conflict of interest, or which constitute a related party transaction, I will make additional disclosures in accordance with Board policy.

During the past twelve months, currently, and in the future twelve months as presently known by me, the following are my affiliations or interests that, considered in conjunction with my position or relation to ASCP, might constitute a conflict of interest or create a potential bias.

1. Employment Relationships

Describe your current employment, including full time, part time, consultant, and independent contractor activities. Please identify any employment relationships to which you are a party which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP.

_ Full Time for Spiro Consulting, Inc. I foresee no current conflicts from my clients on the attached list.

2. Professional Activities and Relationships

Describe any organizations or relationships in which you serve or are affiliated or participate in. Please identify any professional activities and relationships in which you are engaged which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP. (please check all that apply):

☐ Advisory board(s)/panel(s) of APhA HIT Advisory Panel _____

☐ Focus group(s) for PSTAC, LTC HIT Collaborative, NCPDP, X12 and HL7

☐ Research activity/project(s) funded by the pharmaceutical industry and/or foundations _____

☐ Business partner/contractor to or with ASCP 2008 Business Forum

☐ Business partner/contractor to or with the ASCP Foundation _____

☐ Trainer or faculty member of _____

☐ Speaker or speaker's bureau participant for (see attached Spiro Consulting client list) _____

☐ Publication project for _____

☐ Writer/author for Talyst, Innovatix, Assisted Living Consult, APhA and ASCP _____

☐ Editorial board(s) for pharmacy and/or medical publications for Senior Care Digest

☐ Educational and/or research grants received on behalf of _____

☐ Medical educator/communicator for _____

☐ Honoraria received from Senior Care Digest for Editorial Board (proceeds from honoraria donated to ASCP Foundation)

☐ Honoraria received from Maryland ASCP Chapter for e-prescribing presentation

3. **Financial Interests.**

Describe your ownership of, or interests in, pharmaceutical, medical, long term care, or similar businesses, including any publicly traded stock. Please identify any significant financial interests you have which conflict with, or are adverse to, the mission or interests of ASCP or which may create a bias in your actions on behalf of ASCP.

100% of Stock in Spiro Consulting, Inc.

4. **Related Party Transactions**

Please identify any related party transactions with ASCP or the ASCP Research and Education Foundation for which you receive compensation.

ASCP

☐ Advisory board(s)/panel(s) PSTAC

☐ Focus group(s) NCPDP

☐ Research activity/project(s) _____

☐ Business partner/contractor _____

☐ Speaker _____

☐ Publication project _____

☐ Writer/author _____

- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

ASCP FOUNDATION

- ☐ Traineeship preceptor/faculty
- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR CURRICULUM VITA.

To the best of my knowledge the above declaration is complete.

Signature *Rachelle F. Spiro* Date 11-13-09

Name (print) Rachelle F. Spiro

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Note: If there are changes, complete new disclosure form.

Tallie

American Society of Consultant Pharmacists

Board of Directors
Operating Policy and Disclosure Statements

Approved November 16, 2009

**DISCLOSURE OF BIAS OR POTENTIAL CONFLICTS OF INTEREST
AND RELATED PARTY TRANSACTIONS**

WHEREAS:

Securing Members who have a wide variety of professionally related experiences to serve on the Board of Directors furthers the interest of ASCP by providing valuable perspectives on policy development, professional and ASCP issues, and provides various means to communicate ASCP policies, standards, and activities to different publics; and

ASCP recognizes that it would be unreasonable to expect its volunteer Members to give up other individual professional activities and financial interests while serving on the Board of Directors; and

Such service must meet certain legal and ethical principles which, recognizing the fiduciary nature thereof, requires Members to act honestly, in good faith and in the best interests of ASCP; and

When such other professional activity and financial interests of a Member may diverge from the interests of ASCP, the Member should act in accordance with the ASCP policy governing the disclosure of bias and potential conflicts of interest; and

The concept of fiduciary duty is especially pertinent to "related party transactions";

THEREFORE:

THE BOARD OF DIRECTORS RESOLVES, that the following policy be adopted for current and all future members of the Board of Directors.

BIAS OR POTENTIAL CONFLICTS OF INTEREST

1. Members who serve on the Board of Directors are expected to exercise their best judgment to further the interest of ASCP; this judgment must be exercised in light of their experiences, perspectives and expertise.
2. Annually, a Member serving on the Board of Directors shall disclose all potential conflicts of interest in employment, professional activities, and financial interests to the Executive Director of ASCP on the attached ASCP Disclosure Statement. Members of the Board of Directors will review and update their Disclosure Statement prior to each meeting of the Board of Directors and/or Executive Committee.

3. If any question shall arise as to whether a particular activity or organizational affiliation constitutes a conflict of interest for a Member of the Board of Directors, the question shall be submitted to the Board of Directors for a decision. A majority vote of the Board of Directors shall decide such questions. However, if a Member believes he/she may have a conflict of interest, he/she may excuse himself/herself from the discussion of a particular matter and/or the vote. In cases where the Board of Directors determines the conflict is a problem relative to continued service, the Member shall take the action required under #7. If the Member fails to take the action required under #7, the Board of Directors may remove the Member from office as permitted in Article IX, Section 12 of the ASCP By-laws.
4. If a Member of the Board of Directors finds that he/she is in competition with the Society in any activity or business, or in any specific business proposal, the Member must disclose this in a timely manner.
5. No Member of the Board of Directors shall disclose to others or use for his/her own benefit, or the benefit of others, any information owned, possessed or used by the Society that is identified as "confidential," except as authorized by the Society and for its benefit.
6. Any Member of the Board of Directors having a potential conflict of interest on any matter should not vote or use his/her personal influence on the matter, and he/she should not be counted in determining the quorum for the meeting, even when permitted by law. The minutes of the meeting shall reflect that a disclosure was made, the abstention from voting, and quorum situation. By majority vote of the Board of Directors, any individual with a potential conflict of interest may, in addition to being excluded from voting on the matter in question, be excluded from any participation in the matter and/or may be excluded from the meeting during consideration and voting upon the matter in question.
7. In the event a Member of the Board of Directors is involved in activities or organizations which constitute an actual conflict of interest that affects his/her continued service, he/she shall take prompt action to resolve the conflict by (a) terminating the conflicting activity or organizational affiliation; or (b) by resigning from the ASCP Board of Directors.
8. The foregoing requirements should not be construed as preventing the Member from briefly stating his/her position in the matter, nor from answering pertinent questions of Board Members since his/her knowledge may be of great assistance.

RELATED PARTY TRANSACTIONS

9. The ASCP Operating Policy for IRS Intermediate Sanctions Compliance will apply for the approval of all related party transactions. All related party transactions must be approved in advance by the Executive Committee of ASCP. Annually, a Member serving on the Board of Directors shall disclose all approved related party transactions to the Executive Director of ASCP on the attached ASCP Disclosure Statement. Members of the Board of Directors will review and update their Disclosure Statement prior to each meeting of the Board of Directors and/or Executive Committee.

This policy will be provided on an annual basis to all Members of the ASCP Board of Directors. New Board Members will be advised of the policy upon taking office. This policy will be provided to any individual nominated to the ASCP Board of Directors.

The following statement will be read at the beginning of all meetings of the ASCP Board of Directors, and the Executive Committee:

It is my duty to remind you that the American Society of Consultant Pharmacists maintains an official policy with respect to the disclosure of bias and potential conflicts of interest, and related party transactions. If you have a question about whether you should make such a disclosure and you are about to participate in a meeting where that conflict would apply, you should ask the Chair of the meeting whether you should absent yourself or not participate in the discussion for its duration.

The Chairman of the Board of Directors and the Executive Director are authorized and directed to see that the foregoing policies are implemented.

Revised and approved by Board of Directors July 20, 2003.

American Society of Consultant Pharmacists

**BIAS OR POTENTIAL CONFLICT OF INTEREST AND RELATED
PARTY TRANSACTIONS DISCLOSURE STATEMENT**

I have read and am familiar with the details of the American Society of Consultant Pharmacists Board of Directors Operating Policy Statement titled, "*Disclosure of Bias or Potential Conflicts of Interest and Related Party Transactions*." I understand that disclosure is a continuing obligation of Members of the ASCP Board of Directors and that if there is a change in my employment, professional activities, or financial interests, which could bias my actions on behalf of ASCP or create a potential conflict of interest, or which constitute a related party transaction, I will make additional disclosures in accordance with Board policy.

During the past twelve months, currently, and in the future twelve months as presently known by me, the following are my affiliations or interests that, considered in conjunction with my position or relation to ASCP, might constitute a conflict of interest or create a potential bias.

1. Employment Relationships

Describe your current employment, including full time, part time, consultant, and independent contractor activities. Please identify any employment relationships to which you are a party which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP.

independent consultant President & Owner of
Tolliver Management Group PSC. I specialize in
regulatory compliance reimbursement & business analysis
& work with all types of health care providers.
I also work as a part-time institutional pharmacist

2. Professional Activities and Relationships

Describe any organizations or relationships in which you serve or are affiliated or participate in. Please identify any professional activities and relationships in which you are engaged which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP. (please check all that apply):

- ☐ Advisory board(s)/panel(s) of _____
☐ Focus group(s) for _____

- ☐ Research activity/project(s) funded by the pharmaceutical industry and/or foundations _____
- ☐ Business partner/contractor to or with ASCP _____
- ☐ Business partner/contractor to or with the ASCP Foundation _____
- ☐ Trainer or faculty member of _____
- ☐ Speaker or speaker's bureau participant for _____
- ☐ Publication project for _____
- ☐ Writer/author for _____
- ☐ Editorial board(s) for pharmacy and/or medical publications for _____
- ☐ Educational and/or research grants received on behalf of _____
- ☐ Medical educator/communicator for _____
- ☐ Honoraria received from _____ for _____

3. Financial Interests.

Describe your ownership of, or interests in, pharmaceutical, medical, long term care, or similar businesses, including any publicly traded stock. Please identify any significant financial interests you have which conflict with, or are adverse to, the mission or interests of ASCP or which may create a bias in your actions on behalf of ASCP.

4. Related Party Transactions

Please identify any related party transactions with ASCP or the ASCP Research and Education Foundation for which you receive compensation.

ASCP

- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

ASCP FOUNDATION

- ☐ Traineeship preceptor/faculty
- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR CURRICULUM VITA. ** emailed to Heather Hennen*

To the best of my knowledge the above declaration is complete.

Signature *Leah Tollin*

Date 12/3/09

Name (print) Leah Tollin

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Note: If there are changes, complete new disclosure form.

young

American Society of Consultant Pharmacists

BIAS OR POTENTIAL CONFLICT OF INTEREST AND RELATED
PARTY TRANSACTIONS DISCLOSURE STATEMENT

I have read and am familiar with the details of the American Society of Consultant Pharmacists Board of Directors Operating Policy Statement titled, "Disclosure of Bias or Potential Conflicts of Interest and Related Party Transactions." I understand that disclosure is a continuing obligation of Members of the ASCP Board of Directors and that if there is a change in my employment, professional activities, or financial interests, which could bias my actions on behalf of ASCP or create a potential conflict of interest, or which constitute a related party transaction, I will make additional disclosures in accordance with Board policy.

During the past twelve months, currently, and in the future twelve months as presently known by me, the following are my affiliations or interests that, considered in conjunction with my position or relation to ASCP, might constitute a conflict of interest or create a potential bias.

1. **Employment Relationships**

Describe your current employment, including full time, part time, consultant, and independent contractor activities. Please identify any employment relationships to which you are a party which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP.

University of the Pacific - Asst clinical professor
Pharmacy Advantage - Consultant
Omnicare - Consultant
Kaiser - staff Pharmacist
Medtronic - independent contractor, insulin pump instructor
Pharmacia - " " , growth hormone instructor
Private - " " , medical / dental / hospital
Barbra's Hospital - speaker

2. **Professional Activities and Relationships**

Describe any organizations or relationships in which you serve or are affiliated or participate in. Please identify any professional activities and relationships in which you are engaged which conflict with, or are adverse to, the mission and interests of ASCP or which may create a bias in your actions on behalf of ASCP. (please check all that apply):

- ☐ Advisory board(s)/panel(s) of _____
☐ Focus group(s) for _____

- ☐ Research activity/project(s) funded by the pharmaceutical industry and/or foundations _____
- ☐ Business partner/contractor to or with ASCP _____
- ☐ Business partner/contractor to or with the ASCP Foundation _____
- ☒ Trainer or faculty member of University of Pacific, Medhouse, Serano
- ☒ Speaker or speaker's bureau participant for BI
- ☐ Publication project for _____
- ☐ Writer/author for _____
- ☐ Editorial board(s) for pharmacy and/or medical publications for _____
- ☐ Educational and/or research grants received on behalf of _____
- ☐ Medical educator/communicator for _____
- ☐ Honoraria received from _____ for _____

3. Financial Interests.

Describe your ownership of, or interests in, pharmaceutical, medical, long term care, or similar businesses, including any publicly traded stock. Please identify any significant financial interests you have which conflict with, or are adverse to, the mission or interests of ASCP or which may create a bias in your actions on behalf of ASCP.

None

4. Related Party Transactions

Please identify any related party transactions with ASCP or the ASCP Research and Education Foundation for which you receive compensation.

ASCP → None

- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

ASCP FOUNDATION None

- ☐ Traineeship preceptor/faculty
- ☐ Advisory board(s)/panel(s) _____
- ☐ Focus group(s) _____
- ☐ Research activity/project(s) _____
- ☐ Business partner/contractor _____
- ☐ Speaker _____
- ☐ Publication project _____
- ☐ Writer/author _____
- ☐ Editorial board(s) _____
- ☐ Educational and/or research grants received _____
- ☐ Honoraria received for _____
- ☐ Other (describe) _____

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR CURRICULUM VITA.

To the best of my knowledge the above declaration is complete.

Signature *Clifford Young* Date 11/25/09

Name (print) Clifford Young

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

Reviewed: Date: _____ ☐ No change Signature _____

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Note: If there are changes, complete new disclosure form.