College of Pharmacists of Manitoba

200 Taché Avenue, Winnipeg, Manitoba R2H 1A7
Phone (204) 233-1411 | Fax: (204) 237-3468
E-mail: info@cphm.ca

NAME: **CPHM LICENCE NO.:**
ADDRESS: **PHONE NO.:**
EMAIL: **FAX NO.:**

INDEPENDENT STUDY ACCREDITATION FORM

The following information is necessary to effectively evaluate an activity to assign continuing education credits. Please be as concise and complete as possible. Please attach any applicable information.

1. Description of Learning Activity including Learning Objectives:

2. Date(s):

3. Study time (in hours):

4. Briefly outline the resources studied (attach more sheets if required):

RETURN TO: Kim McIntosh
Assistant Registrar
Fax: 204-237-3468 or
Email: accreditations@cphm.ca