



## *Joint Providership Letter of Agreement*

*Regarding terms, conditions and purposes of an educational agreement among Washington State Pharmacy Association (WSPA-130) and Co-Sponsor.*

### **Section I: ACPE Accredited Provider Information**

(Form must be typed or printed legibly)

**ACPE Accredited Provider Organization:** Washington State Pharmacy Association (WSPA)

---

**Address:** 411 Williams Ave S

---

**City, State Zip:** Renton, WA 98057

---

**Telephone:** (425) 228- 7171 **Fax:** (425) 277- 3897

---

**Contact:** Mylinh Nguyen

**Email:** [mylinh@wsparx.org](mailto:mylinh@wsparx.org)

---

**ACPE Provider Code:** 0130

---

**Joint Providership Organization:**

---

**Joint Providership CE Coordinator:**

---

**Address:**

---

**City, State Zip:**

---

**Phone:**

**Fax:**

---

**Email:**

---

## **Section II: Joint Providership Division of Responsibilities Agreement**

While the two organizations agree to work together, final authority for all areas relating to the Accreditation Council for Pharmacy Education (ACPE) Accreditation Standards for Continuing Pharmacy Education will be retained by the ACPE-accredited provider, WSPA. Areas in which the provider retains final authority include:

- ♦ final approval of all activity announcement literature,
- ♦ final approval of all materials distributed in conjunction with the continuing education activity,
- ♦ final approval of the amount of credit to be awarded,
- ♦ final approval of the process for determining the basis upon which credit will be awarded,
- ♦ final approval of faculty,
- ♦ final approval of learning objectives, pharmacist and/or pharmacy technician designation,
- ♦ final approval of activity content, activity type (knowledge, application or practice-based),
- ♦ final approval of learning assessment activity,
- ♦ final approval of the activity evaluation form.

Additionally, WSPA will:

- ♦ maintain all records,
- ♦ input necessary documentation into ACPE CPE Monitoring System,
- ♦ mitigate all grievances which are submitted in writing,
- ♦ ensure that the ACPE Standards for Commercial Support requirements are met (relevant financial relationship disclosures, mitigate and resolve conflict of interest, commercial support and relevant financial relationship disclosure to participants, etc.)
- ♦ provide guidance to faculty (to include the nature of the target audience, teaching methodology, development and use of instructional materials and learning assessments, and the development of appropriate objectives),
- ♦ review and approve all materials and information (including audio-visual aids and educational materials) to assure that the activity provides an in-depth presentation with fair balance and full disclosure,

Joint Provider, agrees to:

- ♦ **Corporate Member:** pay accredited provider a fee for ACPE Accredited Activity of \$75 per activity and \$8.00 per hour of credit per participant. Pay accredited provider a fee of \$20 to add a date to an Activity that has already been established
- ♦ **Non-Corporate Member:** pay accredited provider a fee for ACPE Accredited Activity of \$125 per activity and \$12.00 per hour of credit per participant. Pay accredited provider a fee of \$50 to add a date to an Activity that has already been established
- ♦ Joint provider who has an alternative CE platform for participants to use for download of materials and submission of credit directly to CPE monitor may be eligible for a \$2 per credit hour discount. If participants are required to pay for the CE, participants will be required to pay \$12.00 per hour of credit as a non-WSPA member or \$8.00 as a WSPA member (approval from WSPA is required before this is offered)
- ♦ cooperate with the provider and will, in all areas in which relate to the ACPE Standards, follow the directions given to them by the provider
- ♦ will have 1-point person to work with the WSPA education administrator to ensure ACPE compliance

- collect the required information from the speakers and submit it to WSPA no later than one month before the activity. WSPA charges an additional \$200 if the accreditation is submitted less than 2 weeks from the activity date.
- once the activity has been accredited, changes to the title, objectives and time of the activity is required in writing submitted to WSPA with at least 2 weeks before the event.
- send accredited provider an electronic registration list, with the participant's name, address, date of birth in month day format (MMDD), NABP eProfile ID, and contact information (if the joint provider is not using the accredited providers SurveyMonkey evaluation tool)
- summarize feedback for pharmacists and/or pharmacy technicians obtained through the activity on-line evaluation form (if not using the accredited providers SurveyMonkey).
- assess the educational needs of the targeted audience,
- use the WSPA presentation template layout for items that are required to ensure ACPE compliance
- if a resident(s) is selected as faculty for a CPE activity, a preceptor is required to mentor the resident during the development of the activity
- comply with the WSPA Quick ACPE Guide (see appendix A)

If either party fails to comply with the requirements stated within this letter of agreement, accredited provider has the option to decline to provide continuing pharmacy education credit to participants, and the co-sponsor can withhold payment as defined in the fee terms above.

Task	Responsibility	
	Accredited Provider	Joint Provider
Arrange faculty and staff room travel		X
Arrange banquet, catering and special event(s)		X
Arrange program logistics and A/V equipment		X
Select and contract meeting site		X
Provide promotional copy		X
Develop and distribute WSPA-approved promotional material	X	X
Register program participants (pre-registration and on-site)		X
Provide proper staff to manage and supervise program logistics and on-site registration		X
<b>Finances</b>		
Staff expenses		X
Faculty honorarium and expense		X
Creation and shipment of course material		X
A/V expense		X
Food and beverage expense		X
Meeting space expense		X
Cost of printing, duplication, and distribution of promotional material		X
Registration fees		X

## Terms and Conditions

1. **Statement of Purpose:** The activity is for scientific and education purposes only and will not promote any company's products or services, directly or indirectly.
2. **Term of Agreement:** The term of this Agreement shall be for **2 years beginning on**  
\_\_\_\_\_.
3. **Control of Content and Selection of Presenters & Moderators:** The accredited provider is ultimately responsible for meeting the continuing education essentials, standards, criteria, and guidelines for the educational activity.
4. **Involvement in Content:** There will be no "scripting" emphasis, or influence on content by the company or its agents.
5. **Ancillary Promotional Activities:** No promotional activities will be permitted or will obligate the path in the same room as the educational activity. No product advertisements will be permitted in the CE room.
6. **Objectivity & Balance:** Sponsor will make every effort to ensure that data regarding the company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
7. **Limitation of Data:** Sponsor will ensure, to the extent possible, disclosure of limitations of data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
8. **Discussion of Unapproved Uses:** Joint Provider will require that presenter(s) disclose when a product is not approved in the United States for the use under discussion
9. **Opportunities for Debate:** Joint Provider will ensure opportunities for questioning or scientific debate.
10. **Exhibitors:** Participants should not be required to go through the exhibit hall to receive an accredited CE. A CE from an ineligible company cannot be offered immediately after an accredited CE held in the same physical space. Thirty (30) minutes is required between an accredited CE session and an ineligible company CE session. If the meeting is held virtually, an ineligible company cannot present on the same meeting link as an accredited CE.
11. **All printed materials for an ACPE activity created** must carry the following statement with the ACPE logo and make sure that all items on the promotional material checklist are included (please see appendix B):



*The Washington State Pharmacy Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.*

12. **Accredited Provider Responsibilities:** Accredited Provider will provide the services listed under division of responsibility
13. **Joint Provider** will retain records for at least 6 years and will supply any necessary information regarding this activity to WSPA if requested.
14. **Joint Provider** agrees to complete their responsibilities at least one month in advance; otherwise WSPA has the right to cancel this agreement.

Any substantive changes in the above agreement will be made in writing with copies of the amended agreement kept on file in the offices of both sponsors.

## Appendix A: ACPE quick guide

**WSPA Contacts:** Mylinh Nguyen [mylinh@wsparx.org](mailto:mylinh@wsparx.org) and Charlene Kempf [charlene@wsparx.org](mailto:charlene@wsparx.org)

The speaker is allowed to receive CE credit once for putting together the CE presentation, the speaker would need to submit information similar to how other participants would for CE credit.

As a joint provider, we ask to work with one designated person at your facility. We will train this individual on the general process, specific requirements and make sure that the information being submitted is ACPE compliant.

If there is a change in the title, date of the activity or objectives, WSPA must be notified as soon as possible, no less than 48 hours before the activity date. ACPE does not allow any changes after the date of the activity.

If a CE is canceled, WSPA must be notified to cancel the CE event. If the CE date is rescheduled, WSPA must be notified of the new date as soon as possible, no less than 48 hours before the original date to properly note the change of date to ACPE. An additional activity fee will be charged for a new ACPE number if notification of the rescheduled date occurs after the original date.

All CE objectives must start with a measurable verb outlined in the speaker packet. The speaker packet includes a list of preferred verbs that are to be used for the presentation objectives. The packet also explains the difference between knowledge-based vs. application-based learning along with a list of verbs that cannot be used.

The speaker packet must be received 4 weeks prior to the activity date. WSPA charges the Joint Provider, \_\_\_\_\_, an additional \$200 if the accreditation is submitted less than 2 weeks from the activity date.

The PowerPoint presentation must be submitted two weeks prior to the activity.


ACPE's policy states that CE cannot be uploaded after 60 days of the activity date. If you are collecting the CE upload information, we ask to receive all supporting documents at the latest 5 weeks after the activity date to ensure we have adequate time to upload the CE and handle any problems that occur.

If a pharmacy resident(s) is putting on a CE presentation, the resident(s) must be working with a preceptor that oversees and approves the presentation.

WSPA will invoice the organization listed on the joint providership agreement after the event when the CE has been successfully uploaded. The provider and joint provider will agree upon a date if utilizing SurveyMonkey as an evaluation tool to be \_\_\_ days after the completion of event.

## Appendix B

### Provider Self-Evaluation of Promotional Materials

Activity Announcements Required Items	CPE Activity
A. Objectives; verbs must elicit or describe observable or measurable behaviors on the part of participants. ( <u>Avoid</u> “understand,” “learn,” etc.)*	
B. Type of activity, i.e. knowledge, application, practice*	
C. Target audience(s) that may best benefit from participation in the activity	
D. Faculty member(s) name, degree, and title/position*	
E. Fees for the activity- if no fees must be included	
F. Schedule of the educational activities	
G. The amount of CPE credit, specified in contact hours or CEUs	
H. The official ACPE logo, used in conjunction with the statement identifying the accredited provider sponsoring the activity:  <p style="margin-left: 40px;">“The [name of accredited provider] is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.”</p> <p style="margin-left: 40px;">(Optional: listing the ACPE-accredited or non-accredited co-sponsor - if applicable)</p>	 <p>The Washington State Pharmacy Association is accredited by the Accreditation Council for Pharmacy Education as a Provider of continuing pharmacy education</p>
I. The ACPE Universal Activity Number assigned to the activity	
J. The appropriate target audience designation (‘P’ and/or ‘T’) in the activity UAN	
K. A full description of all requirements established by the provider for successful completion of the CPE activity and subsequent awarding of credit <p style="margin-left: 40px;">(e.g., passing a post-test at a specified proficiency level, completing an activity evaluation form, participating in all sessions or certain combinations of sessions that have been designed as a track, etc.).</p>	
L. Acknowledgment of any organization(s) providing financial support for any component of the educational activity	
M. For home study activities: the initial release date and the expiration date. If on-line, system requirements	

\*Note: for multi-day conferences, the learning objectives may be listed for the overall conference instead of individual activities on the activity announcement. The items with an asterisk must be listed in the final conference program if they are not listed on the activity announcement.

## Confirmation of Letter of Agreement

I have read the terms and conditions outlined in the WSPA's CE policies in the "Joint Providership Letter of Agreement" form and understand the division of responsibilities. By the signature below I indicate acceptance of the agreement.

**Joint Provider Company** \_\_\_\_\_ **Representative** \_\_\_\_\_

*Agrees to abide by all the conditions of the accredited organization (WSPA) and the organization that accredits CE activities (ACPE).*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**WSPA Representative (name)** \_\_\_\_\_

*The WSPA agrees to abide by all the conditions listed above and by the criteria of the organization that accredits CE activities (ACPE).*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_