# Online Program Application Manual for CCCEP Program Providers

Date: November, 2009 (revised 2009-12-28)

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#### 1 CCCEP Program Number

CCCEP has adopted a new Program Number.

- The first four digits are the program provider number,
- the second four digits are the year that the program was submitted,
- The next three digits are an automatically generated sequential number.
- The next part of the number is a letter representing the format of the program, and
- The final part of the number is a letter representing the target audience.

| # # # #            | #### | ###                  | Letter          | P or T                  |
|--------------------|------|----------------------|-----------------|-------------------------|
| Provider<br>Number | Year | Sequential<br>Number | Format          | Target Audience         |
|                    |      |                      | C = Conference  | P = Pharmacist          |
|                    |      |                      | L = Live        | T = Pharmacy Technician |
|                    |      |                      | I = Independent |                         |
|                    |      |                      | Study           |                         |
|                    |      |                      | B = Blended     |                         |

In the following example, the provider is provider 1092, it was submitted in 2009, it was the 356<sup>th</sup> program submitted, it is a Live (L) program, and the target audience is pharmacists (P).

| Sample Number: | 1092-2009-356-L-P |  |
|----------------|-------------------|--|
|                |                   |  |

It is important to note that a program intended to be delivered for both pharmacists and pharmacy technicians must be submitted twice – one with the target audience indicated as pharmacists and one with the target audience indicated as pharmacy technicians.

If the above example program was also submitted for pharmacy technicians, the program number for pharmacy technicians would be:

| Sample Number:                        | 1092-2009-357-L-T |  |
|---------------------------------------|-------------------|--|
| I I I I I I I I I I I I I I I I I I I |                   |  |



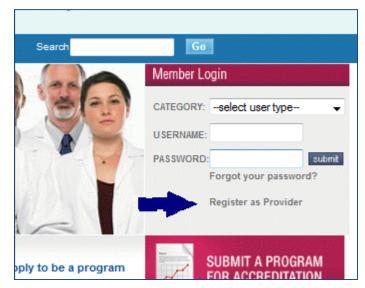
#### 2 Registration as a Program Provider

You must register as a program provider in order to submit a program for accreditation by CCCEP. Once you are registered, you will be given a program provider number, a login name and a temporary password.

Once you have your number and login information, you will be able to submit a program on-line or (until June 30, 2010) by email.

To register as a provider, follow the following steps.

- 1) Log on to the CCCEP website www.cccep.ca
- 2) Go to the "Home" Page,
- 3) In the Member Login area, CLICK on "Register as a Provider".
- 4) This will take you to the "Register as a Provider" page.
- 5) Complete the "Program Provider Registration" form.
- 6) The first set of information is your corporate information.
  - a) Enter the address, main telephone and corporate mail (e.g., <u>info@nameoforganization.com</u>) as opposed to your direct phone or e-mail.
  - b) We ask for this information because we sometimes have difficulty contacting an organization when a contact person leaves and their phone and e-mail address are no longer active.
- 7) Enter the name and contact information for at least one contact person.



|  | Register As Provider  |            |
|--|---|------------|
| iew Panels<br>rograms<br>reditation<br>roviders<br>y<br>P<br>ants<br>y<br>Feedback | Name of Organization:<br>Address1:<br>Address2:<br>City:<br>Province:<br>Postal Code:<br>Country:<br>Telephone(Main):<br>Fax(Main):<br>E-mai(Main):<br>Provider Since:<br>Date of Incorporation/<br>Formation |            |
| • Policy   | Type of Organization:   | * Phamacy. |
| ł  | Contact 1   |            |
|  | Salutation:<br>First Name:<br>Last Name:<br>Position Title:<br>Branch or Division:<br>Telephone:<br>Extension:  | *          |



- 8) You may enter the information for up to four contact persons.
- 9) Once you have completed entering your corporate information and your contact person(s) information, then:
  - a) Enter a Login Id that you would like to use.

Your Login Id must be '<u>one word'</u> of at least four letters.

b) Enter a password.

Your password must be between 6 and 15 digits and should contain at least:

- One capital letter
- One number
- One symbol
   (e.g. # \$ % ^ & \* ( ) <> ,.;)
- c) Enter the security code.
- d) Then, CLICK on the "submit" button.

| 0) You can now | login using the Memb | er Login section of the web | site and submit a program. |
|----------------|----------------------|-----------------------------|----------------------------|
|----------------|----------------------|-----------------------------|----------------------------|

11) You can find out your program provider number once you submit a program. Your program provider number will be first digits on the number assigned to your program.

Or, you can contact us at <u>admin.assistant@cccep.ca</u> and we will e-mail you your program provider number.

| Contact 4           | Same contact as | s above |
|---------------------|-----------------|---------|
| Salutation:         | Ms. 👻           |         |
| First Name:         |                 |         |
| Last Name:          |                 |         |
| Position Title:     |                 |         |
| Branch or Division: |                 |         |
| Telephone:          |                 |         |
| Extension:          |                 |         |
| Cell Phone:         |                 |         |
| Fax:                |                 |         |
| Email:              |                 |         |
| Address1:           |                 |         |
| Address2:           |                 |         |
| City:               |                 |         |
| Province:           |                 |         |
| Postal Code:        |                 |         |
| Country:            |                 |         |
| Login Id: *         |                 |         |
| Password: *         |                 |         |
| Security Code:      |                 | yk43y   |
|                     | Submit          |         |



#### 3 Forgot you Login Id or Password

1) Forgot your Login Id?

If you have forgotten your Login Id, please send an e-mail to <u>admin.assistant@cccep.ca</u> and we will send you your Login Id.

2) Forgot you Password.

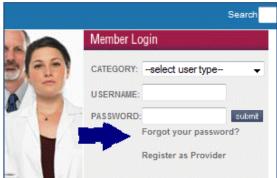
If you have forgotten your password, go to the Home page.

In the "Member Login" area, CLICK on "Forgot your password?"

a) CLICK on "provider" from the drop-down menu in user type.

- b) Then enter your "Login Id."
- c) CLICK "submit"

d) Your password will be sent to your e-mail listed on the database.



| Forget Password ?                    |  |
|--------------------------------------|--|
| USER TYPE:<br>PLEASE ENTER LOGIN ID: | -select user type-<br>-select user type<br>Director<br>Leaming Review Panel<br>Accredited Providers<br>Providers |

| Forget Password ?                    |                    |
|--------------------------------------|--------------------|
| USER TYPE:<br>PLEASE ENTER LOGIN ID: | select user type 🗸 |
|                                      | Submit             |
|                                      |                    |

| Forget Password ?                    |   |
|--------------------------------------|---|
| USER TYPE:<br>PLEASE ENTER LOGIN ID: | Password Successfully sent to your mail id. |
|                                      | Submit                                      |

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# 4 Member Login

- a) You need your Login Id and a Password to login as a member.
- b) Log on to the CCCEP Home Page.
- c) In the "Member Login" box in the upper right hand corner of the CCCEP home page,
  - CLICK on the arrow on the right side of the "Category select user type" box.
  - A drop-down menu appears.
  - Select "Providers".

Then, enter your:

- LOGIN ID
- PASSWORD
- d) You will now enter your "Provider Work Area."





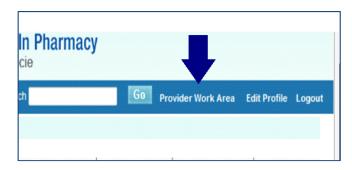


#### 5 Provider Work Area

a) Upon logging in, the following "bar" will appear on your screen.



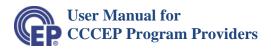
- b) The Provider Work Area is your private work area. Only you may access and view the information in this area unless you provide someone else with the access information.
- c) To go to your Provider Work Area, CLICK on "Provider Work Area".
- d) To return to this Work Area when you are working on your profile or preparing a program submission, CLICK on "Provider Work Area"



- e) In the Provider Work Area you can:
  - Edit your Profile;
  - Review your currently accredited programs; and
  - Review your programs submitted for accreditation.
  - Submit a program for accreditation review.

Each of these items is explained in more detail in the next three sections.

|                  |                |         | Search                |             | Go Provid      | er Work Area Edit        | Profile Logout |
|------------------|----------------|---------|-----------------------|-------------|----------------|--------------------------|----------------|
| Program Uploade  | d by Providers |         |                       |             |                |                          |                |
| iew Program      | ◉ A11 © Pe     | nding   | Reviewing             | Accredia    | View           | <b>u</b>                 | pload Program  |
| Program Number   | Program Title  | Status  | Accreditation<br>Date | Expiry Date | Contact Person | Contact Person<br>E-mail | Pullinf        |
| 1095-2009-403T   | toronto 2 test | Pending |                       | Not Set     | Aaa Zzz        |                          | Information    |
| 095-2009-391-B-T |                | Pending |                       | Not Set     | Aaa Zzz        |                          | Program        |



# 6 Edit your Profile

- a) CLICK on "Edit Profile"
- b) You may edit the information in your Provider Profile except for:
  - Provider Number
  - Certificate
  - Date of Registration as a Provider
- c) Company Information.
  - The first set of information is the information about your company.
  - You may edit the name, address, telephone numbers, and e-mail address.
  - The telephone and fax numbers should be the main telephone number of the company.
  - The e-mail address should be the general e-mail address for the company.
  - The date of incorporation or formation is optional.
- d) Contact Person Information
  - You may enter the information for up to four (4) contact persons.
  - You may edit the information for a contact person, or add or remove contact persons, at any time.
  - The information entered here should be their direct contact information address, telephone, e-mail, etc. that you wish CCCEP to use.
  - To enter the Salutation, CLICK on the triangle, and then select the appropriate salutation.
  - The remainder of the fields are text fields. Just enter the appropriate text in the field.



|                                   | Search       |
|-----------------------------------|--------------|
|                                   | Edit Profile |
| Provider Id:                      | 1095         |
| Certificate:                      | No 🔻         |
| Registration as Provider:         | 2009-09-10   |
| Name of Organization:             | Zee Tester 2 |
| Address 1:                        | Brinkly Road |
| City:                             | Somewhere    |
| Province:                         | CA           |
| Postal Code:                      | D1D N0T      |
| Country:                          | Canada       |
| Telephone(Main):                  | 111-111-1111 |
| Fax:                              | 111-111-1111 |
| Email (Main):                     | info@aaa.aaa |
| Date of Incorporation/ Formation: |              |
| Contact 1                         |              |
| Salutation:                       | Mme. 🔻       |
| First Name:                       | Aaa          |
| Last Name                         | Zzz          |
| Position Title:                   |              |
| Branch or Division:               |              |

| orportution i ormation. |                   |
|-------------------------|-------------------|
| Contact 1               |                   |
| Salutation:             | Mme. 👻            |
| First Name:             | Aaa               |
| Last Name               | Zzz               |
| Position Title:         |                   |
| Branch or Division:     |                   |
| Telephone:              |                   |
| Extension:              |                   |
| Cell Phone:             |                   |
| Fax:                    |                   |
| Email:                  |                   |
| Address1:               |                   |
| Address2:               |                   |
| City:                   |                   |
| Province:               |                   |
| Postal Code:            |                   |
| Country:                |                   |
| Contact 2               |                   |
| Salutation:<br>Contac   | Me -              |
| Contac                  |                   |
| Salutat                 | ion: Mme. 👻       |
| First Na                | me: Ms.           |
| Last Na                 | ame Mile.<br>Mme. |
| Position T              |                   |
| Branch or Divis         | ion: Mr.          |
| Telepho                 |                   |
| Extens                  | ion:              |



- e) Login Id and Password
  - You have previously selected your initial Login Id and Password.
  - You may change these at any time.
  - Your Login Id must be <u>one word</u>
  - Your password should be:
    - o Be between 6 and 15 digits
    - Contain at least:
      - One capital letter
      - One number
      - One symbol (e.g., # \$ % ^ & \* ( ) <> ,.;)
  - See the previous section "Forgot Your Login Id or Password?" if you have forgotten your Login Id or Password.

| Country.  |            |  |
|-----------|------------|--|
| Login Id: | zeetester2 |  |
| Password: | •••        |  |
|           | Submit     |  |
|           |            |  |



#### 7 Viewing a List of Your Accredited and Submitted Programs

- a) When you ENTER your Provider Work Area, you will see a list of all your programs that are either accredited or that have been submitted for accreditation review.
- b) The "All" programs view is the default view when you log in to your Provider Work Area.
- c) "Pending" programs are those that you have submitted for review, but that have not yet been submitted to a Learning Review Panel.
- d) "Reviewing" programs are those programs that have been submitted to a Learning Review Panel for review.
- e) "Accredited" programs are those programs that have been accredited. You will have received a letter indicating the program has been accredited with the date of accreditation.

|                        |                   | uucauon perma   |         | phannacie             |             |                |                          |               |
|------------------------|-------------------|-----------------|---------|-----------------------|-------------|----------------|--------------------------|---------------|
|                        |                   |                 |         | Search                |             | Go Provid      | ler Work Area Edit       | Profile Logo  |
|                        | Program Uploade   | ed by Providers |         |                       |             |                |                          |               |
| Home                   | View Program      | ◎ A11 ◎ Pe      | nding   | © Reviewing           | Accred      | iated View     | w U                      | oload Program |
| About CCCEP            |                   |                 |         |                       |             |                |                          |               |
| Learning Review Panels | Program Number    | Program Title   | Status  | Accreditation<br>Date | Expiry Date | Contact Person | Contact Person<br>E-mail | Program Ir    |
| Accredited Programs    |                   |                 |         | Date                  |             |                | E-mail                   |               |
| Program Accreditation  | 1095-2009-403T    | toronto 2 test  | Pending |                       | Not Set     | Aaa Zzz        |                          | Program       |
| Accredited Providers   |                   |                 |         |                       |             |                |                          | Informatio    |
| Complaints             | 1095-2009-391-B-T |                 | Pending |                       | Not Set     | Aaa Zzz        |                          | Program       |

- f) To view only those programs that are "Pending," or "Reviewing," or "Accredited,"
  - a. First, CLICK on the "button" in front of the type of program list (e.g., Reviewing) you want to see the button should be highlighted;
  - b. Then, CLICK on the "View" button.
  - c. Only the programs of the type of program you selected (e.g., Reviewing) will now appear in your Provider Work Area.

# User Manual for CCCEP Program Providers

# 8 Viewing the Information about a Program in your List

a) CLICK on "Program Information" in the right column of the table to view the program information.

|                        |                   |                |          | Search        |             | Go Provid      | ler Work Area Edit | Profile Logou |
|------------------------|-------------------|----------------|----------|---------------|-------------|----------------|--------------------|---------------|
|                        | Program Upload    | ed by Provider | s        |               |             |                |                    |               |
| Home                   | View Program      | A11            | Pending  | Reviewing     | Accred      | iated View     | v u                | pload Program |
| About CCCEP            |                   |                |          |               |             |                |                    |               |
| Learning Review Panels | Program Number    | Program Title  | e Status | Accreditation | Expiry Date | Contact Person | Contact Person     | Program In    |
| Accredited Programs    |                   |                |          | Date          |             |                | E-mail             |               |
| Program Accreditation  | 1095-2009-403T    | toronto 2 test | Pending  |               | Not Set     | Aaa Zzz        |                    | Program       |
| Accredited Providers   |                   |                |          |               |             |                |                    | Informatio    |
| Complaints             | 1095-2009-391-B-T |                | Pending  |               | Not Set     | Aaa Zzz        |                    | Program       |

b) The Program Info window will appear. You may scroll down to see all the information about the program that has been entered into the database.

MAKE sure that our do have 'Block Pop-up Windows' turned off on your computer.

| ۲ | Canadian Council On Continuing Education In Phan | macy - Home Page - Mozilla Firefox                        |                                |                       |
|---|--|---|--------------------------------|-----------------------|
| E | Mozilla Firefox                                  |   |                                | ***<br>***            |
|   | http://www.cccep.ca/show_final_info.php?p        | rogram_id=488   | cccep.ca/user.php 🏠 🔹 💽 🕻 Goog | le 🔎                  |
| 2 | Prog   | gram Info   |                                |                       |
|   | Program Number:<br>Title:<br>Format:<br>Type:    | 1095-2009-488-L-P<br>TEST Program AW<br>Live program<br>1 | =                              |                       |
| н | Target Audience:<br>Area of Practice:            | Pharmacists<br>Community                                  | G0 Provider Work Ar            | a Edit Profile Logout |
|   | Target Audience Other:                           | other   |                                |                       |
|   | Competency Area:<br>Type:                        | Pharmacists   | rediated                       | Upload Program        |
| 1 | Learning Objectives 1:<br>Learning Objectives 2: | test the program<br>get screen shot of program info       | Contact Person Contact Person  | E-mail Program Info   |
| 1 | Learning Objectives 3:<br>Learning Objectives 4: |   | AW artw@cccep                  | .ca Program           |
| 4 | Learning Objectives 4:                           |   |                                | Generate PDF          |
|   | Original Program Number:                         |   |                                |                       |
|   | CEUs:<br>Key Words:                              |   |                                |                       |
| : | Done   | test biogram  |                                |                       |

c) To PRINT a copy of your program information, CLICK on "Generate PDF." A PDF file will be created.

| ch | Go Provide                         | er Work Area E | dit Profile Logout                     |
|----|------------------------------------|----------------|--|
|    | O Accrediated View                 |                | Upload Program                         |
| E  | Expiry Date Contact Person Contact | t Person E-mai | I Program Info                         |
|    | Not Set AW arts                    | w@cccep.ca     | Program<br>Information<br>Generate PDF |
|    |                                    |                |  |



#### 9 Submitting a Program for Accreditation Review

- a) You will need to complete four forms to submit a program for Accreditation Review.
  - The new Program Information Form (Word Document)
  - The new Program Submission Form (An on-line form)
  - The Disclosure Form
  - Expert Reviewer Release Statement
- b) If you are translating your program into French, you will need to use a fifth form:
  - French Translation Form (If translating the program into French).
- c) All of these forms may be found on the Forms (on-line) page in the Program Accreditation section of the CCCEP website. CLICK on <u>http://www.cccep.ca/index\_content.php?id=87</u> to go this page.
- d) As you will see below, the "Program Information Form," the other required forms, and the program content can be appended to the on-line submission form (unless the content documents are larger than 2GB). If you are not certain, please contact CCCEP.

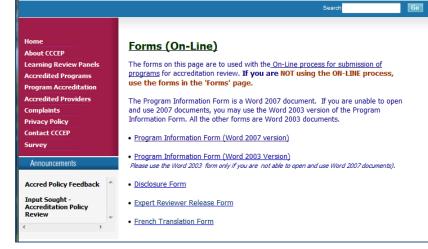


# 9.1 Complete the "Program Information Form" and the other Required Forms.

- a) These forms should be completed BEFORE you start to complete the on-line Program Submission Form. You will then be able to ATTACH them to the on-line form.
- b) The Program Information Form may be obtained from the CCCEP website.
  - CLICK on 'Program Accreditation' on the menu on the left side of the home page.
  - Then CLICK on the "Forms (On-line) page.



- c) The Disclosure Form, the Expert Reviewer Release Statement, and the French Translation form may also be obtained from the CCCEP website.
  - CLICK on 'Program Accreditation" on the menu on the left side of the home page.
  - Then CLICK on the "Forms (On-line) page.
  - Then CLICK on the Form that you wish to download.





#### 9.2 Complete the Online Program Submission Form

- a) Login to your "Provider Work Area"
- b) CLICK on the "Upload Program" button.
- c) The Program Submission Form will open.
- d) There are basic instructions on the completion of each section of the Form included at the beginning of each section.

| Go Provid      | ler Work Area         | Edit Profile | Logout |
|----------------|-----------------------|--------------|--------|
| liated View    | N                     | Upload P     | rogram |
| Contact Person | Contact Per<br>E-mail | rson P       | Info   |
| Aaa Zzz        |                       | inter        | - gram |

| Home  | Program Submission Form   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| About CCCEP   | Program Submission Form   |  |  |  |  |  |  |
| Learning Review Panels  | Instructions:   |  |  |  |  |  |  |
| Accredited Programs<br>Program Accreditation  | 1. Complete the appropriate sections of this Program Submission Form in accordance with the Instructions below.   |  |  |  |  |  |  |
| Accredited Providers<br>Complaints  | You will find detailed instruction on how to complete this Program Submission Form in the Program Acccreditation/Program Submission<br>(Online) section of the CCCEP website. |  |  |  |  |  |  |
| Privacy Policy<br>Contact CCCEP   | 2. The Required Fields are marked with an "#"   |  |  |  |  |  |  |
| 3. Do not use the "ENTER" key while you are entering the information. Using the "ENTER" key will submit you application.<br>4. Once you start the form, you must complete it and submit the program. Otherwise, your information will be lost and you will need to en |   |  |  |  |  |  |  |
| Announcements   | 5.Attach the program content and the Program Information Form (this can be obtained from the forms section of the CCCEP website).   |  |  |  |  |  |  |
| Accred Policy Feedback  | Accred Policy Feedback  |  |  |  |  |  |  |
| Input Sought -  | Please enter the basic information about your program and your application.   |  |  |  |  |  |  |
| Accreditation Policy<br>Review  | Title TEST Program AW *   |  |  |  |  |  |  |
| - F   | Saladala Barrana Jana ana shira ta shira ta shira a   |  |  |  |  |  |  |

#### 9.2.1 Program Information Section

The first section of the Form is where you enter the basic information about the program.

e) <u>Title</u>: Enter the Title of the Program in the Text Box.

| k | * | Program Information   |  |                            |  |  |  |
|---|---|---|--|----------------------------|--|--|--|
|   |   | Please enter the basic information about your program and your application. |  |                            |  |  |  |
|   | - | Title   | TEST Program AW                                    | *                          |  |  |  |
| Þ |   |   | Colort New December 2010 and the form Entering Use | data Davana Tura Davinu an |  |  |  |



- f) <u>Application</u>: Select the appropriate application type form the drop-down menu.
  - See the Guidelines and Criteria for a description of Updates, Extensions, Program Type Reviews and Administrative Review

(CLICK on the following link <u>http://www.cccep.ca/index\_content.php?id=84</u> a copy of the guidelines)

• Select <u>New Program</u> if it is an entirely new program that is be submitted, OR if you are submitting a program for renewal whose accreditation has expired or is about to expire.

|                                    | Administrative Review.   | J are applying for an Extension, Update, Program Type Review |
|------------------------------------|--|--|
| Application<br>Type of Application | New Program 🔹 *<br>-select<br>New Program                          |  |
| Original Deserves Number           | Update<br>Extension<br>Program Type Review<br>Adminstrative Review | isly accredited, enter the original program number.          |
| Original Program Number            | Administrative Neview  |  |
| Type of Application                |  | select-  |

- Type of Application
  - Select either Regular or Fast Track from the drop-down menu.
- g) <u>Original Program Number</u>: Enter the original program number if the program has been previously accredited.

|                         | In the programmas been previously accredited, enter the original program humber.  |  |  |  |  |
|-------------------------|---|--|--|--|--|
| Original Program Number |   |  |  |  |  |
|                         | Enter the Type of Program you are submitting and enter the level (1.2 etc) that you estimate the program to<br>be.(See the Provider Manual for description of levels) |  |  |  |  |

- h) <u>Type of Program</u>: Select the Type of Program from the drop-down menu.
  - Once you have selected the Type of Program, the "Level" will appear on the right hand side of the page.

|                  | Enter the Type of Program you<br>be.(See the Provider Manual for | are submitting and enter the level (1.2 etc) that you estimate the program to<br>or description of levels) |
|------------------|--|--|
| Type of Program  | Live Program 🔷 *   | Level: 1 🗸   |
|                  | select<br>Conference   | rmacy Technician. Then select the area of practice.  |
| Target Audience  | Live Program<br>Independent Study Program                        |  |
| Area of Practice | Blended Program<br>select +                                      |  |
|                  | If it is an inter-professional pro                               | ogram, enter the other health professions who are also target audiences.                                   |



• Select the "Level" of the program from the drop-down menu on the right side (this appears once you have selected the main type of program).

| Type of Program   | Levels of Program |
|-------------------|-------------------|
| Live              | 1, 2, 3, 4, 5     |
| Conference        | 1, 2, 3, 4, 5     |
| Independent Study | 1, 2, Special     |
| Blended           | 1, 2, Special     |

The Level differs depending on the Type of Program you have selected.

• See the Guidelines and Criteria for a description of the Types of Programs – Conference, Live, Independent Study, and Blended

(CLICK on <u>http://www.cccep.ca/index\_content.php?id=84</u> a copy of the guidelines)

| <b>Type of Program</b> | Level   | Description of Level          |
|------------------------|---------|-------------------------------|
| Independent Study      | 1       | Up to 4 CEUs                  |
| Independent Study      | 2       | 5-10 CEUs                     |
| Independent Study      | Special | More than 10 CEUs             |
| Live/Conference        | 1       | Up to 3 speakers or topics    |
| Live/Conference        | 2       | 4 to 9 speakers or topics     |
| Live/Conference        | 3       | 10 to 19 speakers or topics   |
| Live/Conference        | 4       | 20 to 29 speakers or topics   |
| Live/Conference        | 5       | 30 or more speakers or topics |
| Blended                | 1       | Up to 4 CEUs                  |
| Blended                | 2       | 5-10 CEUs                     |
| Blended                | Special | More than 10 CEUs             |

- i) <u>Target Audience</u>. Select either Pharmacists or Pharmacy Technicians from the dropdown menu.
- j) <u>Area of Practice</u>. Select the area of practice (Community, Hospital, All Pharmacy, or Other) from the drop-down menu.
- <u>Target Audience Other</u>. If the program is an inter-professional program designed for other health professional as well, then select Physicians, Nurses, All Health Professionals, or Other Health Professionals from the drop-down menu.

| Target Audience       | select      |  |  |
|-----------------------|-------------|--|--|
|                       | select      |  |  |
| Area of Practice      | Pharmacists |  |  |
| Target Audience Other | Technicians |  |  |

| Area of Practice      | Community                       |  |
|-----------------------|---------------------------------|--|
|                       | select<br>Community<br>Hospital | sional program, enter the other health p |
| Target Audience Other | All Pharmacy<br>Other           | ▼  |
| Competency Area       | Pharmacists                     | ▼ Type: Please Se                        |

| It it is an inter-protessional program        |
|---|
| Other 🗨                                       |
| select<br>Physician                           |
| Nurse<br>All Health Prof                      |
| Other<br>At the end of the program, the parti |
|   |



I) <u>Competency Area</u>. Do NOT complete this area.

The Competency Areas were for based on the NAPRA competencies for Pharmacists and Pharmacy Technicians. However, the detailed competency list is too complicated and using the competency areas adds little value. We will be redesigning this area when we revise the database in 2010.

- m) <u>Learning Objectives</u>. You may enter up to six (6) learning objectives by completing the following sentence:
  - At the end of the program, the participant will be able to: (list your objectives).
- n) <u>CEUs</u>. Please enter <u>your estimate</u> of the number of CEUs for the program.

The final number of CEUs will be assigned by CCCEP after the accreditation review, except for Accredited Providers who will assign the CEUs.

- o) <u>Key Words</u>. The database will be searchable by key words. Enter the key words that you feel will be used to search for programs on this topic by prospective participants.
- p) <u>Description/Abstract</u>. You may enter a short description or abstract of the program.

|                       | You may enter up to 6 learning objectives. Complete the following sentence.  |
|-----------------------|--|
|                       | At the end of the program: the participant will be able to.  |
| Learning Objectives 1 |  |
| Learning Objectives 2 |  |
| Learning Objectives 3 |  |
| Learning Objectives 4 |  |
| Learning Objectives 5 |  |
| Learning Objectives 6 |  |
|                       | Enter your estimate of the number of CEUs for the program. The final number will be determined during the review.        |
| CEUs                  |  |
|                       | Enter the KeyWords that you feel a pharmacy professional searching for a program such as yours would use in<br>a search. |
| Key Words             |  |
|                       | Enter a short description or abstract of your program (Maximum 50 words).  |
| Description/Abstract  |  |

# User Manual for CCCEP Program Providers

#### 9.2.2 Delivery Information Section

The information about the delivery of the program is entered.

q) <u>Date Available</u>. Some programs (such as a magazine article or web program) may be accredited several days or weeks before they are actually available. If this is the case with your program, enter the date on which the program will be available by CLICKING on the box beside the text box to open the calendar.

| Date Available  |      |       |        |        |        |     |     |     |    |
|---|------|-------|--------|--------|--------|-----|-----|-----|----|
|   | ◀►   | Septe | ember  | • •    | 2009 ' | ▼   |     | ×   |    |
| Date No Longer Available  | Week | Mon   | Tue    | Wed    | Thu    | Fri | Sat | Sun |    |
|   | 36   |       | 1      | 2      | 3      | 4   | 5   | 6   |    |
| Conference  | 37   | 7     | 8      | 9      | 10     | 11  | 12  | 13  |    |
|   | 38   | 14    | 15     | 16     | 17     | 18  | 19  | 20  |    |
| Select the format from the drop-down list and enter the start date, end | 39   | 21    | 22     | 23     | 24     | 25  | 26  | 27  | ۱c |
|   | 40   | 28    | 29     | 30     |        |     |     |     |    |
| Formatselect  |      |       | Fri. 1 | 1. Sep | 2009   | )   |     |     |    |

r) <u>Date No Longer Available</u>. A program provider may wish to discontinue a program on a certain date prior to the end of its accreditation expiry date. If this is the case, enter the date on which the program will no longer be available by CLICKING on the box beside the text box to open the calendar.

Otherwise, leave this date blank.

Entering a No Longer Available Date Later.

At the time you are submitting the program for accreditation review, you may not know if you will be discontinuing the program before its accreditation date.

If at any time you decide that you would like to discontinue the program prior to its accreditation date, please contact CCCEP by e-mailing the administrative assistant at <u>admin.assistant@cccep.ca</u> to advise us of the date you would like to discontinue the program. We will gladly enter the date for you.

s) <u>Conference, Live Program, Independent Study Program or Blended Program</u>.

IMPORTANT NOTE: On your on-line form, you will see only one of the following, depending on the type of program that you selected.

- The Information for the Type of Program (Conference, Live, Independent Study, Blended) you entered will appear.
- Enter the information as described below.



- <u>Conference</u>
  - Enter the format from the dropdown menu (live, web-based, tele/video conference)
  - Enter the start and end dates using the drop-down calendars
  - Enter the town and the province of delivery.
- Live Program
  - Enter the Format from the Drop-Down menu
  - Enter the number of contact hours.
  - Enter the province or provinces in which the program is available.

#### Examples:

- ♦ Ontario
- ♦ Ontario, Quebec, BC
- ♦ Western Provinces
- ♦ Maritime Provinces
- o If it is all provinces, enter "All Provinces."
- Independent Study Program
  - Enter the format using the drop-down menu.
  - Then, enter the journal name, website, or other source of the program.

| Format     | select                |
|------------|-----------------------|
| Otant Data | select                |
| Start Date | Live                  |
| End Date   | Web based             |
|            | Tele/Video Conference |
| Town       |                       |
| Province   |                       |
|            |                       |
|            |                       |

| Live Program   |                                      |
|--|--------------------------------------|
|  |                                      |
| Select the Format from the drop-down m<br>the teleconference number for programs |                                      |
| Enter the number of contact hours for the  | e program.                           |
| Enter the province or provinces in which   | the program will be available.       |
|  |                                      |
| Format   | select                               |
|  | select                               |
| Contact Hours  | Seminar/Workshop                     |
| Province   | Internet/Web-based<br>Teleconference |
|  | TV/Cable                             |
|  | Videoconference                      |
| Registration/Information Contact   | Other (Specify)                      |
|  |                                      |

The Contact Person to be listed in this section is the person or position to w

| Independent Study Program                |                                    |
|--|------------------------------------|
| Select the format from the drop-down me  | nu. Enter the website address      |
| Format                                   | select                             |
| Journal Name                             | select                             |
| Journal Name                             | Monograph (PDF or Paper)           |
| Other Source                             | Journal Article<br>Audio Recording |
|  | Video Recording                    |
| Blended Program                          | Computer Software                  |
|  | Internet/Website                   |
| Please select the format type from the d | Other (specify)                    |



- Blended Program
  - Enter the Live format using the drop-down menu.
  - Enter the Contact Hours for the Live portion
  - Enter the ISP (Independent Study Format) using the drop-down menu.
  - Enter the journal name or other sources for the program.

| Other Source                       |  |
|------------------------------------|--|
| Blended Program                    |  |
| Please select the format type from | n the drop-down menus for each of the Live and |
|                                    |  |
| Blended - Live Format              | -select  |
| Contact Hours                      | Seminar/Workshop                               |
| Blended - ISP Format               | Teleconference                                 |
| Journal Name                       | TV/Cable<br>Videoconference                    |
| Other Source                       | Other (Specify)                                |
|                                    |  |



#### 9.2.3 Registration/Contact Information

The information in this section provides information to prospective learners or purchasers about who to contact and how to contact them.

#### t) <u>Registration</u>.

- Open/Closed Registration.
  - Use the drop-down menu to select either Open or Closed registration.
  - An <u>Open Registration</u> program is open to anyone wishing to register in the program.
  - A <u>Closed Registration</u> program is one that is restricted to a specified group. A person must be a

| Registration      | select         |
|-------------------|----------------|
| Person/Position   | select<br>Open |
| Phone Number      | Closed         |
| E-Mail            |                |
| Fax               |                |
| On-line (website) |                |

member of the specified group to be able to participate in the program.

- Enter the name of the Person that prospective learners should contact to obtain information about the program or to register in the program.
- Enter the phone number, e-mail and fax for this person. If the registration is on-line, enter the website address.

#### 9.2.4 Sponsor Organization

- u) <u>Sponsor Organization</u>. This information is included on the database for full disclosure to potential registrants.
  - Enter the name of the sponsor organization.
  - If you are the sponsor organization, you may enter "Your Own Organization's Name" or "No Sponsor"

| Sponsor Organization  |   |
|---|---|
| If the program is sponsored by a<br>either enter your organization na | an organization(s) other than the program provider, enter the name of the sponsor organization(s).If there is no sponsor,<br>ame or enter "no sponsor". |
| Sponsor   |   |
| Contact Person (for CCCEP)  |   |



#### 9.2.5 Contact Person (For CCCEP)

v) Contact Person.

The person's name to enter here is the person who CCCEP should contact regarding the accreditation of the program.

That is, this is the person to who CCCEP is to contact with any questions and to whom the Preliminary Report and the Accreditation Letter will be sent.

Enter this contact person's name, phone number, and e-mail address

| Contact Person (for CCCEP)   |  |
|--|--|
| Please enter the name and number of the of the progr<br>the contact person to whom CCCEP should send all c |  |
| Contact Person Name  |  |
| Contact Person Phone   |  |
| Contact Person E-mail  |  |

#### User Manual for CCCEP Program Providers

#### 9.2.6 Submitting the Program

- w) Attach Forms and Program Files. Attach files using the "Browse" button.
  - Please note:
    - o Please use Word or PDF for all files.
    - ZIP all your files into one Zip file.
    - Do NOT attach files greater than 2GB.
      - If file is greater than 2 GB, send them by e-mail.
      - Put the Program Number on the Subject line of the e-mail
- x) <u>Submit</u>. To submit the program, CLICK on the "Submit" button in the bottom right hand corner. Please WAIT without touching your keyboard while the program information is loaded into the database.

| You are one step away from su  | bmitting your application.   |
|--|--|
| 1. Zip all your program content files  |  |
| 2. Attach the Zip File to your applica   | tion using the "Browse" button.  |
|  | hat 2 GB.If your files are larger than 2 GB, please you may submit the program without attaching your files, a<br>end your files by an alternate means.      |
| 4. Once you have attached the ZIP  | file, click on the "Submit" button.  |
| 5. There will be a pause while the s   | system uploads your information.   |
| <ol><li>Once your program information h<br/>been inserted successfully."</li></ol> | as been submitted the Program Information Form will appear and you will see the message in red "Data has   |
|  | e "Data has been inserted successfully", your program has not been submitted. Please contact CCCEP to noti<br>rogram Application Manual for possible causes. |
| 7. You may print a PDF version of the  | ne program information you have submitted. By clicking on the "Download PDF" on the right side of the screen   |
| 8. You may find your program numb  | per and the information on your program by going back to your "provider work area."  |
| Attached Additional files ?  | Browse_  |
| Once you have attached the require   | ed files, hit the "Submit" button.   |
| You may wish to print a PDF versio   | n of this file after submitting the program.   |
| Once you have submitted the progr  | am, you may view your submission in your "program work area" of the CCCEP website.   |
|  | Program submission may take time depends on Attached Additional file   |
|  | Sub  |
| out CCCEP   Program Accreditation   A  | coredited Providers   Learning Review Panels   Complaints   Contact CCCEP   Privacy Policy   |

- y) Once your program information is loaded, you will be return to your "Provider Work Area"
- z) If your program has been uploaded into the database, you will see it listed in your program list. It will appear in both the "All" list and in the "Pending" list.

The inclusion of the program on this program list means that tour program has been submitted for accreditation review.



|                        | dian Council On Continuing Education In Pharmacy<br>I canadien de l'Éducation permanente en pharmacie                |
|------------------------|--|
| Hi zeetester2          | Search Go Provider Work Area Edit Profile Logout   |
|                        | Program Uploaded by Providers  |
| Home                   | View Program   All   Pending   Reviewing   Accrediated   View   Upload Program                                       |
| About CCCEP            |  |
| Learning Review Panels | Program Number Program Title Status Accreditation Date Expiry Date Contact Person Contact Person E-mail Program Info |
| Accredited Programs    | 1095-2009-488-L-P TEST Program AW Pending Not Set AW artw@cccep.ca Program   |
| Program Accreditation  | Information  |
| Accredited Providers   | Generate PDF   |
| Complaints             |  |
| Privacy Policy         |  |
| Contact CCCEP          |  |
| Survey                 |  |
|                        |  |

- aa) Your <u>program number</u> will be listed in the left column of the table. Please USE this number in the Subject line of all communications with CCCEP about this program.
- bb) You may check the Information that you have submitted by CLICKING on the "Program Information" in the right column of the table.
- cc) To SAVE a PDF copy of the program information that you have submitted or to PRINT a copy of the program, CLICK on "Generate PDF" on the column on the right side of the table.

Problem Submitting a Program:

IF THE ABOVE PAGE DOES NOT APPEAR and/or the program you just submitted does not appear in your list of programs, it means that your program was not submitted. The most likely cause of this is that your firewall is blocking you from sending data from your computer to the CCCEP website. To resolve this problem,

- 1) Add the CCCEP website <u>www.cccep.ca</u> to your Safe Sender and/or Trusted Site list on your computer.
- 2) If you are a company network, have your network administrator add the CCCEP website <u>www.cccep.ca</u> to your company's Safe Sender and/or Trusted Site list.

This should resolve the problem and you should then be able to submit a program on-line. If not, please contact CCCEP to let us know.



#### **10** Accreditation Notification

- a) Once your program has been submitted, CCCEP is notified by the system that a program has been submitted.
- b) CCCEP will either:
  - a. Contact you to ask for further information if there is information or forms missing from your application; or
  - b. Contact you to let you know that your program has been received and that the application information is complete.
- c) Your submission will be now processed in the normal manner.
- **IMPORTANT**: If you do not get confirmation from us in <u>two working days</u> that your program has been received, please contact the Administrative Assistant at <u>admin.assistant@cccep.ca</u> or 306-545-7790.



# **11 Problems Experienced by Users**

If you experience any problems or issues, please let us know so that we can include them here in the manual.

The On-line Program Submission system has been checked using all commonly used operating systems and web browsers. The one thing we can't check for, of course, are the settings on your computer or your company's computer. These settings may cause some problems in using the system.

a) **Problem Submitting a Program:** 

If you have completed the On-Line Program Submission Form and clicked on the Submit button, but your program does not appear in your list of programs, it means that your program was not submitted.

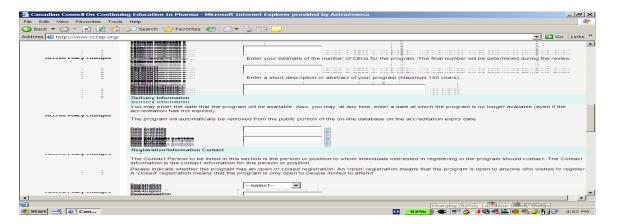
The most likely cause of this is that your firewall is blocking you from sending data from your computer to the CCCEP website. To resolve this problem,

- Add the CCCEP website <u>www.cccep.ca</u> to your Safe Sender and/or Trusted Site list on your computer.
- If you are suing a company computer or are on a company network, have your network administrator add the CCCEP website <u>www.cccep.ca</u> to your company's Safe Sender and/or Trusted Site list.

This should resolve the problem and you should then be able to submit a program on-line. If not, please contact CCCEP to let us know.

b) <u>Blurred images when you try to scroll down the menu</u>.

This is due to software on your computer. To date this has happened only on corporate computers that have a bit older software and tons of firewalls and security stuff. You will need your computer technician check your computer to see if they can correct the problem.





#### c) <u>Multiple Images</u>

This is also due to software on your computer. To date this has happened only on corporate computers that have a bit older software and tons of firewalls and security stuff. You will need someone check your computer to see if they can

| Attp://www.google.com/ - Microsoft Internet Explorer provided by AstraZeneca       | X  |  |  |  |  |
|--|--|--|--|--|--|
| File Edit View Favorites Tools Help  | 📲 🖉  |  |  |  |  |
| 😋 Back 👻 🕑 🔸 😰 🏠 🔎 Search 🤺 Favorites 🚱 😥 🤤 🔜                                      |  |  |  |  |  |
| Address (a) http://www.google.com/   | 💌 🄁 Go Links 🎬   |  |  |  |  |
| Fairmont   | Print 🌋  |  |  |  |  |
|  | <u>*</u>   |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Canadian Council On Continuing Education In Pharmacy                               |  |  |  |  |  |
| Conseil canadien de l'Éducation permanente en pharmacie                            |  |  |  |  |  |
| Search Go  | Provider Work Area Edit Profile Logout                     |  |  |  |  |
| Program Uploaded by Providers  |  |  |  |  |  |
| View Program @ All C Pending C Reviewing   | C Accrediated View   |  |  |  |  |
| Home   | C Accrediated View Upload Program                          |  |  |  |  |
| About CCCEP lian Council On Continuing Education In Pharmacy                       | Iry Date Contact Person Contact Person E-mail Program Info |  |  |  |  |
| Learning Review Panels   | ry bate Contact Person Contact Person E-mail Program mo    |  |  |  |  |
| Accredited Programs There is no programs   | Provider Work Area Edit Profilo Logout                     |  |  |  |  |
| Program Accreditation Program Uploaded by Providers                                |  |  |  |  |  |
| Accredited Providers<br>View Program © All © Pending © Reviewing                   | C Accrediated View Upload Program                          |  |  |  |  |
| Complaints   | Upioad Program   |  |  |  |  |
|  | iry Date Contact Person Contact Person E-mail Program Info |  |  |  |  |
| Survey There is no program 1315. Ga  |  |  |  |  |  |
|  | Provider Work Area Edit Profile Logout                     |  |  |  |  |
| Announcements Program Uploaded by Providers  |  |  |  |  |  |
| View Program © All O Pending O Reviewing   | C Accrediated View Upload Program                          |  |  |  |  |
| 2010 Fee Schedule lian Council On Continuing Education In Pharmacy                 |  |  |  |  |  |
| June 09 Accredited Prog Program Number Program Title Status Accreditation Date Exp | iry Date Contact Person Contact Person E-mail Program Info |  |  |  |  |
| Accred Policy Changes There is no processing dists. Go                             | Provider Work Area Edit Destile Langut                     |  |  |  |  |
| 🖹 👘 🦓 👘 Internet   |  |  |  |  |  |
| 😰 Start 🔄 🖗 http://www.google.co 🔯 Inbox - Microsoft Outlook                       | <b>_100% 🕽 🖝 🖂 🖉 📲 🖏 🍕 📽 🧐 🧐 😂 🍐 🔚 🔗 3:50 PM</b>           |  |  |  |  |

d) Program will not Upload when Click on the Submit Button.

We have tested the Program Application system using Windows XP, Windows Vista, and, yes, even a Macintosh. They appear to be the result of:

- You are using older versions of Windows or
- You are using an older version of Explorer or Firefox.
- A conflict with other software on your computer.
- Firewalls and anti-virus software on your network.
- Another person is on the same IP address.



# **12** Training on the On-line Application Process

CCCEP holds periodic training sessions on the on-line application process for providers.

Please contact CCCEP for the next available training session.

#### **13 Contact Us**

To report any problems or for assistance with submitting a program for accreditation, please contact the Administrative Assistant at:

306-545-7790

admin.assistant@cccep.ca

To find out when the next training program is scheduled please contact the Administrative Assistant.