

Accreditation and Learning Objectives



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

This program has been assigned ACPE numbers 022-000-07-055-L03 and 022-000-07-056-L01 and will award 4.2 contact hours (.42 CEUs) of continuing pharmacy education credit in states that recognize ACPE providers. Statements of credit will indicate hours and CEUs based on participation and will be issued at the conclusion of the activity. The College complies with the Criteria for Quality for continuing education programming.

The University of Kentucky College of Pharmacy presents this activity for educational purposes only. Participants are expected to utilize their own expertise and judgment while engaged in the practice of pharmacy. The content of the presentations is provided solely by presenters who have been selected for presentations because of recognized expertise in their field.

Pharmacy Law Review & Board Update

1. Discuss Kentucky statutes and Kentucky Board of Pharmacy policies affecting practitioners
2. Discuss recent cases and their importance on the practice of pharmacy as related to pharmacists, technicians, and student interns.
3. Review recent legislation and administrative regulation and discuss their importance on the practice of pharmacy.

New Drug/Therapy Update

1. Identify new molecular entities approved by the FDA.
2. Describe each agent's mechanism of action, dosage, adverse drug reactions, contraindications, drug interaction profile, and medication error potential.
3. Compare each new product with other agents used for the same indications

Faculty

UK Faculty

Kenneth B. Roberts, MBA, PhD
Dean and Professor
College of Pharmacy

Peter P. Cohron, RPh, JD
Assistant Professor
Pharmacy Practice & Science

Patricia R. Freeman, RPh, PhD
Assistant Professor
Pharmacy Practice & Science

Peggy Piascik, PhD, RPh
Associate Professor
Pharmacy Practice & Science

Kelly M. Smith, PharmD
Clinical Associate Professor
Pharmacy Practice & Science

Guest Faculty

Ralph Bouvette, RPh, PhD, JD
Executive Vice President
APSC

Michael A. Burseson, RPh
Executive Director
Kentucky Board of Pharmacy

Disclosure Statement

All faculty members participating in continuing education programs sponsored by the University of Kentucky College of Pharmacy are expected to disclose any real or perceived conflict of interest related to the content of their presentations. Copies of faculty disclosures will be included in the program materials.



Colleges of Pharmacy and Medicine
Continuing Education Office
One Quality Street, 6th Floor
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www.ukyce.com

An Equal Opportunity University

UNIVERSITY OF KENTUCKY
Pharmacy
Live

Accredited CE Programs:

KY Board and Pharmacy Law Update
New Drug/Therapy Update

plus

College of Pharmacy Update
by Dean Kenneth B. Roberts, MBA, PhD



When and Where - UK Pharmacy Live: 9/16/2007 through 1/27/2008

September 16, 2007 - Hazard
Hazard Community and Technical College
One Community College Drive, Room 123 E

September 23, 2007 - Paducah
The Linden Plantation
3565 Lone Oak Rd

November 4, 2007 - Owensboro
The Summit
6501 Summit Drive

November 18, 2007 - Ashland
Ashland Plaza
One Ashland Plaza & 15th Street and
Winchester Avenue

December 9, 2007 - Louisville
Holiday Inn Downtown
120 West Broadway

December 16, 2007 - Bowling Green
Holiday Inn University Plaza
1021 Wilkinson Trace

January 13, 2008 - Covington
Embassy Suites Hotel Cincinnati-Rivercenter
10 East Rivercenter Blvd

January 27, 2008 - Somerset
The Center for Rural Development
2292 South Hwy 27

Program Agenda

12:30 - 1:15	Registration & Lunch
1:15 - 1:45	College Update
1:45 - 2:15	KY Board Update
2:15 - 3:15	Law Update
3:15 - 3:30	Break
3:30 - 5:30	New Drug Update

Registration Fee, Cancellation Policy, Special Services & Target Audience

Registration fee: \$25. The registration fee covers your participant materials, lunch and CE certificate.

A full refund will be issued if written notice of withdrawal is received one week before the date of the program for which you have registered. No refund will be granted after this date. Registration may be transferred to another participant.

The College of Pharmacy Continuing Education Office reserves the right to cancel or make substitutions in the activity. A full refund will be issued if circumstances warrant cancellation.

We make every effort to ensure our programs are held at facilities that are fully accessible to people with mobility disabilities. If you need other special facilities or assistance relating to a disability, please contact the CE Office at (859) 257-5320 ext. 80321.

This activity is intended to provide CPE credit to pharmacists, technicians and other healthcare professionals who are interested in learning more about dosages, reactions, contradictions and drug interaction profiles of new molecular entities recently approved by the FDA.

Registration Form UK Pharmacy Live 2007-2008

First Name	MI	Last Name
Home Address		
City	State	Zip + 4
Daytime Phone	Email	
<input type="checkbox"/> PharmD. <input type="checkbox"/> RPh <input type="checkbox"/> Other.	Business Affiliation	

Ways to Register for UK Pharmacy Live

Online (Visa or MasterCard only) at www.ukyce.com.

Mail this completed form and payment to:
Attn: UK Pharmacy Live - PLS08005
University of Kentucky
Colleges of Pharmacy and Medicine CE Office
One Quality St., Ste. 613
Lexington, KY 40507-1428

Fax this completed form and payment to (859) 323-2920.

- Check enclosed payable to: University of Kentucky
 VISA
 MASTERCARD

Credit card holder's name (please print)

Lunch and CE

Indicate the site you will attend.

- | | |
|--|---|
| <input type="radio"/> Hazard - Sept. 16, 2007 | <input type="radio"/> Louisville - Dec. 9, 2007 |
| <input type="radio"/> Paducah - Sept. 23, 2007 | <input type="radio"/> Bowling Green - Dec. 16, 2007 |
| <input type="radio"/> Owensboro - Nov. 4, 2007 | <input type="radio"/> Covington - Jan. 13, 2008 |
| <input type="radio"/> Ashland - Nov. 18, 2007 | <input type="radio"/> Somerset - Jan. 27, 2008 |

Please indicate any special dietary needs: _____

16-digit credit card number

<input type="text"/>															
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Expiration Date
Month Year

Signature