



Newfoundland & Labrador Pharmacy Board

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Record of Participation

This is to certify that

Registrant Name

NLPB Registration #

has participated in the following Newfoundland and Labrador Pharmacy Board-accredited professional development program:

Program Title: A primer on COVID-19 infection for pharmacists and pharmacy technicians
Speaker: Dr. Debbie Kelly
Location of Event: Webinar
Program Date/Time: April 6, 2020 7-9 pm (live); Recorded Presentation on NLPB Learn Portal
CEUs Assigned: 2.0
Accreditation #: NL20200406
Expiry Date: May 6, 2020

Note to participants: To document your participation in this program, please complete this record and retain it along with any other relevant program materials as part of your Learning Portfolio.

Professional Development Program Evaluation Form Template

Program Title:	A primer on COVID-19 infection for pharmacists and pharmacy technicians
Speaker:	Dr. Debbie Kelly
Date:	April 6, 2020 7-9 pm (live); Recorded Presentation on NLPB Learn Portal

Please rate the program according to the key given below:

	1 – Strongly Disagree	2 - Disagree	3 – Neither Agree or Disagree	4 - Agree	5 – Strongly Agree	NA – Not Applicable
The content of the activity was useful and relevant to the daily practice of pharmacy.	1	2	3	4	5	NA
The activity adhered to the stated learning objectives.	1	2	3	4	5	NA
The method of instruction used made it possible to understand and apply the information in an effective manner.	1	2	3	4	5	NA
The presenter delivered the information clearly.	1	2	3	4	5	NA
The presenter interacted with the participants.	1	2	3	4	5	NA
The program materials will be useful to me.	1	2	3	4	5	NA
The overall organization of the activity was good.	1	2	3	4	5	NA
The overall quality of the learning activity was good.	1	2	3	4	5	NA
I learned something that I can apply in my practice.	1	2	3	4	5	NA
The speaker declared any conflict of interest at the beginning of the presentation.			<input type="checkbox"/> Yes			<input type="checkbox"/> No
Did you note any bias in the program content, presentation or promotion?			<input type="checkbox"/> Yes			<input type="checkbox"/> No
If yes, please describe the bias that you observed: _____						

In your opinion, what were the strengths and weaknesses of the program?

Strengths:

Weaknesses:

What changes do you plan to make in your practice as a result of this learning activity?

Once complete, please return this form to the presenter for their feedback