# Activity Description Form

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| **General Information** |
| Presentation title |  |
| Presenter name with credentials |  |
| For resident CE series only:Presentation Mentor(s) with credentialsPresentation Mentor(s) job title, area of work, and employer*(how they would like name in program info)* | Example:John Doe, PharmD, BCPSClinical Pharmacist, Internal Medicine,University of Utah Health |
| CE topic designator (see below) |  |
| [Keywords (1 to 4) from ACPE keyword database](https://ushp.wildapricot.org/resources/Documents/Programming%20Committee/Presenter%20Information/ACPE%20Keywords.pdf) |  |

**CE Topic Designator:**

* You will need to assign a CE topic designator to your presentation based on the category that fits it best.
	+ 01 Disease State Management/Drug Therapy
	+ 02 AIDS therapy
	+ 03 Law and/or Ethics (related to pharmacy practice)
	+ 04 General Pharmacy
	+ 05 Patient Safety
	+ 06 Immunizations
	+ 07 Compounding
	+ 08 Pain Management