College of Pharmacists of British Columbia

APPLICATION FOR STRUCTURED PRACTICAL TRAINING – PHARMACY TECHNICIAN

APPLICANT INFORMATION

☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr

Name _____
Last name (Surname) *First name* *Other name(s)*

Address _____ Tel (home) _____

_____ Tel (work) _____

_____ Email _____
City *Province/State*

_____ eServices ID _____
Postal code/Zip *Country*

EMERGENCY CONTACT

Name _____ Tel (home) _____

Relationship _____ Tel (work) _____

PRE-TRAINING REQUIREMENT

- I am pre-registered with the College of Pharmacists of B.C.
- I have completed the online courses for WorkSafe BC requirements and included the certificates with this application.

_____ _____
Applicant signature Date

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the *Pharmacy Operations and Drug Scheduling Act*, *Health Professions Act*, and *Freedom of Information and Protection of Privacy Act*. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or privacy@bcpharmacists.org

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PRECEPTOR AND SITE INFORMATION

Primary Preceptor Name _____ **CPBC Registration #** _____

Structured Practical Training Program (SPT) Site
Apply a pharmacy label or an address stamp below. Include telephone and fax numbers.

Timing:
Proposed start date: _____ End date: _____

- The start date must be on a Monday. Applicants have up to **3 months** to complete the SPT program from the start date.
- This SPT Program is a minimum of 160 hours. Additional hours may be required if you graduated from a CCAPP accredited program more than 3 years ago. For more information see Registration Committee Policy (RCP)- 8
- Application must be submitted a minimum 10 business days prior to preferred start date. It may be emailed to registration@bcpharmacists.org
- SPT must be completed in one continuous block and at one single site.

Preceptor Acknowledgements:
I hereby acknowledge to:

- Provide the applicant with an orientation to the facility and pharmacy staff.
- During times when I cannot be present to supervise, I will delegate my preceptor duties to other registered pharmacists or pharmacy technicians, as long as I am responsible for and present with the applicant for a majority of the applicant's hours.
- Ensure appropriate patient care opportunities are provided to the applicant to complete the required learning activities.
- Set expectations and ensure ongoing formative feedback is provided to the applicant on a daily basis to improve the applicant's knowledge and skills.
- Provide regularly scheduled weekly meetings to discuss and review the mandatory learning activities and the applicant's progress on achieving these.
- Complete all mid-rotation and summative final evaluations for the applicant as required.
- Communicate any difficulties with the course or applicant with the CPBC as soon as they arise.
- Ensure that if there are other students/learners on site, this will not interfere with the SPT program.

Preceptor Criteria:
A preceptor must have the following qualifications:

- Be a registered pharmacist or pharmacy technician in good standing with CPBC.
- Have at least six months of community or hospital pharmacy practice experience.
- Not have a conflict of interest with regard to the applicant (e.g. family relation or personal relationship). This criterion applies to all pharmacists, pharmacy staff & managers at the site.
- Be able to review the applicant's answers to the assignments to ensure accuracy and completeness.

Preceptor Declaration:

I, _____ (print name), meet the preceptor qualifications/acknowledgements above and declare that I do not have a conflict of interest with regard to the applicant.

Preceptor Signature: _____ **Date:** _____

Email: _____
(please print clearly)

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PAYMENT OPTION

Applicant Name _____

Last name (Surname) *First name* *Middle name*

☐ Bank Draft/Money order *(payable to College of Pharmacists of BC)* ☐ VISA ☐ MasterCard

Card # _____ Exp _____ /_____

Cardholder name _____

Cardholder signature _____

Application fee	383.00
GST	19.15
Total	**$ 402.15**
	GST # R106953920

For office use ONLY

iMIS ID: _____ Finance stamp:

Reg initials: _____

Date to Finance: _____