



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 _____

City Province/State

_____ Postal code/Zip _____ Country

Tel (home) _____
 Tel (work) _____
 Email _____
 eServices ID _____

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)



APPLICATION FOR STRUCTURED PRACTICAL TRAINING – PHARMACY TECHNICIAN

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	375.00
GST	18.75
Total	\$393.75
GST # R106953920	

For office use ONLY

iMIS ID: _____ Finance stamp: _____

Reg initials: _____

Date to Finance: _____