



# APPLICATION FOR PHARMACY TECHNICIAN

## STRUCTURED PRACTICAL EVALUATION (SPE)

### APPLICANT INFORMATION

Ms     Mrs     Miss     Mr     Dr

Name \_\_\_\_\_  
*Last name (Surname)*                      *First name*                      *Other name(s)*

Address \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_  
Tel (work) \_\_\_\_\_  
\_\_\_\_\_  
Tel (home) \_\_\_\_\_  
*City*                      *Province/State*  
\_\_\_\_\_  
*Postal code/Zip*                      *Country*

### EVALUATOR AND SITE INFORMATION

Evaluator Name \_\_\_\_\_ Reg # \_\_\_\_\_  
Tel (work) \_\_\_\_\_ Email \_\_\_\_\_  
Site Name \_\_\_\_\_  
Site Address \_\_\_\_\_  
\_\_\_\_\_

#### Evaluator Declaration

I attest that I,

- will take primary responsibility for directly supervising and assessing the participant for the majority of the SPE process.
- do not have or be perceived to have a conflict of interest or bias in respect of the SPE participant.

\_\_\_\_\_  
Evaluator Signature

\_\_\_\_\_  
Date

### APPLICANT DECLARATION

I attest that I have:

- pre-registered with the College of Pharmacists of BC and
- successfully completed the Management of Drug Distribution Systems course of the Bridging Program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date