





# APPLICATION FOR STRUCTURED PRACTICAL TRAINING – PHARMACY TECHNICIAN

## PRECEPTOR AND SITE INFORMATION

Primary Preceptor Name: \_\_\_\_\_ CPBC Registration #: \_\_\_\_\_

Primary Preceptor Email (print clearly): \_\_\_\_\_

### Structured Practical Training (SPT) Program Site

Apply a pharmacy label or an address stamp below. Include telephone and fax number.

### SPT Time Period:

Proposed start date: \_\_\_\_\_ End date: \_\_\_\_\_

- The start date must be on a Monday. Applicants that are required to complete 160 hours are permitted up to 3 months to complete their SPT. Applicants that are required to complete 500 hours are permitted up to 6 months to complete their SPT.
- This SPT Program is a minimum of 160 hours. Additional hours may be required if you graduated from a CCAPP accredited program 3 years or greater preceding SPT application. For more information see [Registration Committee Policy-8 \(RCP-8\)](#)
- Application must be submitted a minimum 10 business days prior to preferred start date. It may be emailed or mailed to: [registration@bcpharmacists.org](mailto:registration@bcpharmacists.org)
- SPT must be completed in one continuous block and at one single site.

### Preceptor Acknowledgement:

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 the 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.
- Must not have any limits/conditions on their registration imposed by CPBC that restricts them from being a preceptor.
- 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 regards to the applicant.

\_\_\_\_\_  
Preceptor signature

\_\_\_\_\_  
Date

The College collects personal information on this application form to process the application and administer the College's related activities. The collection of this information is authorized under section 26(c) of the *Freedom of Information and Protection of Privacy Act* (the Act). The College is authorized to use this information as per section 32(a) of the Act and may also disclose information in other circumstances when authorized by the Act or other legislation. Further information regarding the collection, use and disclosure of personal information can be found in the privacy policy posted on the College website: <https://www.bcpharmacists.org/privacy>. Should you have any questions about the collection, use or disclosure of this information, please contact our Privacy Officer at: [privacy@bcpharmacists.org](mailto:privacy@bcpharmacists.org) or 778-330-0969



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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	403.00
GST	20.15
<b>Total</b>	<b>\$ 423.15</b>
GST # R106953920	

<b><u>For office use ONLY</u></b>	
iMIS ID: _____	Finance stamp: _____
Reg initials: _____	
Date to Finance: _____	