Ontario College of Pharmacists
Putting patients first since 1871

APPLICATION FOR PART B REGISTRANTS TO MOVE TO PART A

Please complete this application to begin the process of moving from Part B to Part A. You will have 12 months from the date of this application to complete your move to Part A.

Registrant Contact Information

A

LAST NAME		OCP NUMBER
FIRST NAME	MIDDLE NAME(S)	FORMER NAME(S)
PRIMARY PHONE	SECONDARY PHONE	EMAIL

Note: You are responsible for updating your OCP account information with your current personal and professional contact information.

Selected Practice Assessment

B

- ☐ Practice Assessment of Competence at Entry (PACE)
- ☐ Practice Assessment by an OCP practice advisor
- ☐ OSCE/OPSE Anticipated OSCE/OPSE Sitting:

Part B registrants who wish to move to Part A and to practise the controlled acts and provide care to patients while they are undergoing this process must complete and submit this form before beginning to practise. The Part B registrant may then practice under supervision for a period up to 12 months (i.e., 6 months + 6 months). Any further extension of this practice period must be approved by a panel of the Registration Committee. Part B registrants who have selected either the Practice Assessment of Competence at Entry (PACE) or a Practice Assessment by a College practice advisor as their desired practice assessment are required to perform the controlled acts and must complete this form before doing so.

Please complete the remainder of this application depending on which option you choose for your practice assessment:

1. a) If you have selected PACE and wish to practise the controlled acts before your assessment, complete all sections. In section C, you do not need to list your PACE assessor's information or designate a primary site.

   b) If you have selected PACE and do not wish to practise the controlled acts before your assessment, complete sections D and E.

2. If you have selected the Practice Assessment with an OCP practice advisor, complete all sections. You may practice at multiple sites but must indicate your primary site and supervisor (i.e., where the assessment will take place). Your patient care examples should only be drawn from your designated primary site, and your primary supervisor must be present on the day of the assessment.
3. a) If you have selected OSCE/OSPE and wish to practise the controlled acts in preparation, complete all sections. In section C, you do not need to designate a primary site.

   b) If you have selected OSCE/OSPE and do not wish to practise the controlled acts, complete section E.

Supervising Part A Registrant(s) and Pharmacy Information

C

PART A REGISTRANT (SUPERVISOR)	OCP #	PHARMACY NAME	PHARMACY ADDRESS	ACCREDITATION NUMBER	START DATE WITH SUPERVISOR	PRIMARY SITE
						☐
						☐
						☐

For supervision requirements, please see the Supervision of Pharmacy Personnel Policy (reference the section on “supervising Part B pharmacists and Part B pharmacy technicians transferring to Part A").

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APPLICATION FOR PART B REGISTRANTS TO PREPARE FOR MOVE TO PART A

Direct Supervision Under Part A Registrant(s)

C

I agree to only practice if a Part A registrant listed above is physically present on the premises. ☐ I agree

I agree to practice within my competencies and as agreed to with the supervising Part A registrant. I acknowledge that I am not able to supervise other registered pharmacy professionals or manage a pharmacy. Refer to: Supervision of Pharmacy Personnel Policy ☐ I agree

I confirm that the Part A registrant(s) listed above have agreed to provide supervision of my pharmacy practice. ☐ I agree

I confirm that I have read and understood the Supervision of Pharmacy Personnel Policy and informed the Part A registrant(s) listed above that they should do the same ☐ I agree

Personal Professional Liability Insurance Declaration

D

I hereby declare that I have personal professional liability insurance coverage as prescribed in the College's By-Law and that I will continue to maintain this insurance while engaged in patient care.

☐ I agree

Suitability for Registration

E

Are you currently the subject of an investigation, review or proceeding with respect to the practice of pharmacy or any other profession or occupation in Canada or any other country? ☐ Yes ☐ No

I hereby declare, as indicated by my agreement below, that the contents of this application are true and complete to the best of my knowledge and belief. I understand and agree that if I make a false or misleading statement or representation with respect to my application, I shall be deemed not to have satisfied the requirements.

Name (*please print*) Signature Date

The "signature", in any electronic format executed on this form is considered as equivalent to an original signature and shall have the same force and effect as an original or manual signature without limitation to a faxed, scanned and or electronically delivered version of an original signature in accordance to the Personal Information Protection and Electronic Documents Act (PIPEDA) Part 2. Your signature or eSignature confirms the information and acknowledgments on this application form and your intent to complete the application form.

For assistance completing this form or if more than 12 months of practice preparation is required, please contact regprograms@ocpinfo.com.

Submit the completed and signed form to regprograms@ocpinfo.com.