Ontario College of Pharmacists
Putting patients first since 1871

Practice Assessment of Competence at Entry (PACE) for Pharmacist Registration - Assessor Application Form

Before completing this application form, please review the PACE Assessor Criteria to ensure that you are eligible to be a PACE assessor.

Your General Information		
A	Last Name	
	First Name	
	OCP Number	
	Business Phone Number	
	Email Address	
	Years of practice in direct patient care in a Canadian jurisdiction (min 2 years)	
	What experience have you had in evaluating applicants during their pharmacist registration process (e.g., university or SPT preceptor, PEBC assessor) or pharmacists' performance (e.g., manager)?	
	Are you currently the subject of a disciplinary or incapacity proceeding? Yes ☐ No ☐	

If you have any open cases (reports, complaints) under investigation or review or if you have any concerns listed on the Public Register that involve criminal conduct, ethical conduct, governability, sexual abuse, fitness to practice, delivery of quality healthcare or financial responsibility, you are not eligible to be a PACE assessor. If you have any questions about your eligibility to be a PACE assessor, please contact us at regprograms@ocpinfo.com.

Tell Us About You	
B	During the past year, how have you competently engaged in or with the full scope of practice of pharmacists? What have you done to enhance your practice and/or the profession (e.g., professional development, projects, contribution(s) to new initiatives)?

B

Why are you interested in becoming a PACE assessor for pharmacist applicants?

Please describe your understanding of how PACE assessors uphold OCP's public protection mandate.

☐ I consent to the use of my practice assessment by the Registration department for the purpose of determining my initial and continued eligibility for the role of an OCP PACE Assessor.

Your Primary Practice Site Information (where PACE would occur; must match your OCP profile)

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Pharmacy Name	
Pharmacy Address (including city)	
Accreditation Number	
Type of Practice	Community ☐ Long-term care ☐
How many hours each week do you work at this site?	
Average number of prescriptions per day	
Indicate proportion of patient populations (estimate)	☐ % Pediatric ☐ % General Adult ☐ % Geriatric ☐ % Other (describe): ☐

Specialty Services Provided	**Proportion of Prescriptions**		
	<30%	**30-70%**	**>70%**
Specialty compounding	☐	☐	☐
Compliance packaging	☐	☐	☐
Methadone	☐	☐	☐

Variety and Frequency of Practice Opportunities for PACE Candidates	**A few times / day**	**A few times / week**	**Every 2-3 weeks**	**Rarely**
Perform medication reviews / MedsChecks	☐	☐	☐	☐
Provide pharmaceutical opinions	☐	☐	☐	☐
Renew prescriptions	☐	☐	☐	☐
Initiate prescriptions	☐	☐	☐	☐
Adapt prescriptions	☐	☐	☐	☐
Perform procedure on tissue below dermis	☐	☐	☐	☐
Administer by injection / inhalation for education / demonstration purposes	☐	☐	☐	☐
Collaborate with other health care professionals	☐	☐	☐	☐
Collaborate with pharmacy team members	☐	☐	☐	☐

Pharmacy Staffing Please indicate the total number of staff who work at your practice site	Full Time	Part Time
Pharmacists	☐	☐
Pharmacy Technicians	☐	☐
Pharmacy Assistants	☐	☐

Commitment as a PACE assessor			
		YES	NO
D	Are you able to observe a candidate for at least 24 hours per week while practising side by side with them? **Or** Are you and a co-assessor able to split observation of a candidate over a duration of at least 24 hours while practising side by side with a candidate? If "yes", please provide the name and OCP number of your proposed co-assessor and ask them to submit a separate application. Name: _____ OCP # _____	☐ **Or** ☐	☐ **Or** ☐
	Does your manager support your participation as a PACE assessor?	☐	☐
	Does your practice site's organizational structure (e.g., staffing, resources) support your role as a PACE assessor?	☐	☐

Please provide a reference that may be contacted to comment on your practice activities and standards.

Reference Information		
E	Last Name	
	First Name	
	OCP Number	
	Contact Telephone Number	
	Email Address	

F	How did you hear about PACE?
	What questions do you have about PACE?

Please email the completed form to regprograms@ocpinfo.com.

You will be notified within 8 weeks of the outcome of the application review. Thank you for your interest in being considered for this important role.