

Your General Information

Practice Assessment of Competence at Entry (PACE) for Pharmacy Technician Registration - Assessor Application Form (Hospital)

Please email the completed form to regprograms@ocpinfo.com

You will be notified within 6 weeks of the outcome of the application review. Thank you for your interest in being considered for this important role.

	Last Name				
	First Name				
	OCP Number				
	Business Phone Number				
	Email Address				
Α	Class of Registration	Pharmacy Technician Pharmac			
	Years of practice as a registered pharmacy technician <i>OR</i> pharmacist providing patient care in a Canadian jurisdiction (min 2 years)				
	What experience have you had in evaluating applicants during their pharmacy technician registration process (e.g., OCP SPT preceptor, PEBC assessor, CCAPP college rotation preceptor)?				
Te	I us about you				
	During the past year, what have you done to enhance your practice and/or the profession (e.g., professional development, projects, contribution(s) to new initiatives)?				
В					

	Why are you interested in becoming an assessor for the PACE Program?
В	
D	
Val	w Dractice Site Information (where DACE would accur).

Your P	ractice Site Information (where PACE would	occur):			
	Hospital Name				
	Hospital Address				
	Accreditation Number				
	Please indicate in which areas of the department you work and the proportion of time in each area				
	How many hours each week do you work at this site?				
	Variety and frequency of practice opportunities for PACE candidates	multiple times / day	few times / week	every 2-3 weeks	rarely
	Prepare medications (e.g., repackaging)				
	Perform independent double check of prepared medications				
C	Perform calculations				
	Perform unit dose/patient-specific fills				
	Restock medications (e.g. filling automated dispensing cabinets, crash carts, trays, etc.)				
	Process prescriptions/order entry				
	Participate in inventory control (e.g. narcotic inventory, expired products, cold chain management)				
	Answer/address phone calls or requests from nurses or other health care professionals				
	Assist with the creation of a Best Possible Medication History (BPMH)				
	Collaborate with members of the department and other health care professionals				
	On-Site Pharmacy Staffing (FTE – full time equivalents)	Pharmacist FTE: Pharmacy Techn	iicians FTE:		

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

Are you able to observe a candidate for at least 24 hours per week while oractising 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 unique hours per week while practising side by side	YES	NO
Oractising 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 unique hours per week while practising side by side	YES	NO
Oractising 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 unique hours per week while practising side by side	<u>O</u>	
luration of at least 24 unique hours per week while practising side by side	<u>O</u>	
vith a candidate?		<u> r</u>
If you prefer to be a co-assessor, please provide the name and OCP number of your proposed co-assessor and ask them to submit a separate application.		
Name: OCP #		
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?		
Are you currently the subject of a disciplinary or incapacity proceeding?		
provide a reference that may be contacted to comment on your practice activiti	es and	
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f n N O O II	you prefer to be a co-assessor, please provide the name and OCP umber of your proposed co-assessor and ask them to submit a separate pplication. ame: OCP # oes your manager support your participation as a PACE assessor? oes your practice site's organizational structure (e.g., staffing, resources) upport your role as a PACE assessor? re you currently the subject of a disciplinary or incapacity proceeding? provide a reference that may be contacted to comment on your practice activities. ence Information ast Name	you prefer to be a co-assessor, please provide the name and OCP umber of your proposed co-assessor and ask them to submit a separate pplication. ame: OCP # oes your manager support your participation as a PACE assessor? oes your practice site's organizational structure (e.g., staffing, resources) upport your role as a PACE assessor? re you currently the subject of a disciplinary or incapacity proceeding? provide a reference that may be contacted to comment on your practice activities and ds. ence Information ast Name

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

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