

Practice Assessment of Competence at Entry (PACE) for Pharmacy Technician Registration - Assessor Application Form (Community/Long Term Care)

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.

Your General Information		
A	Last Name	
	First Name	
	OCP Number	
	Business Phone Number	
	Email Address	
	Years of practice as a registered pharmacy technician <i>OR</i> pharmacist providing patient care in Ontario (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)?	

Tell us about you	
B	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)?

B	Why are you interested in becoming a PACE assessor for pharmacy technician applicants?

Your Practice Site Information (where PACE would occur):

C	Pharmacy Name				
	Pharmacy Address				
	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				
	Specialty services provided	Proportion of Prescriptions			
		<30%	30-70%	>70%	
	Specialty compounding				
	Compliance packaging				
	Methadone				
	Variety and frequency of practice opportunities for PACE candidates	multiple times / day	few times / week	every 2-3 weeks	rarely
	Gather patient-related information and enter prescriptions				
	Prepare/package prescriptions				
	Perform final technical check of prescriptions				
	Provide non-clinical information to patients (e.g. demonstrate the use of a device)				
	Perform prescription transfers				
	Accept verbal prescriptions				
	Assist pharmacists with medication reviews (MedsChecks)				
	Perform a procedure on tissue below the dermis (i.e., using a lancet-type device under pharmacist supervision)				
	Collaborate with pharmacy team members and other healthcare professionals				
	Contribute to the management of pharmacy inventory				
	Pharmacy Staffing (FTE – full time equivalents)	Pharmacist FTE: Pharmacy Technicians FTE: Pharmacy Assistants 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.				

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 unique hours per week while practising side by side with a candidate?		
	If you prefer to be a co-assessor, please provide the name and OCP number of your proposed co-assessor. 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?		

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	

Additional Information

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