

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

Please email the completed form to [regprograms@ocpinfo.com](mailto: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		
<b>A</b>	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>B</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>B</b>	<b>Why are you interested in becoming an assessor for the PACE Program?</b>

**Your Practice Site Information (where PACE would occur):**

<b>C</b>	<b>Hospital Name</b>				
	<b>Hospital Address</b>				
	<b>Accreditation Number</b>				
	<b>Please indicate in which areas of the department you work and the proportion of time in each area</b>				
	<b>How many hours each week do you work at this site?</b>				
	<b>Variety and frequency of practice opportunities for PACE candidates</b>	multiple times / day	few times / week	every 2-3 weeks	rarely
	Prepare medications (e.g., repackaging)				
	Perform independent double check of prepared medications				
	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				
	<b>On-Site Pharmacy Staffing (FTE – full time equivalents)</b>	Pharmacist FTE: Pharmacy Technicians 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
<b>D</b>	Are you able to observe a candidate for at least 24 hours per week while practising side by side with them?		
	<b>Or</b>		
	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**

<b>E</b>	Last Name	
	First Name	
	OCP Number	
	Contact Telephone Number	
	Email Address	

**Additional Information**

<b>F</b>	How did you hear about PACE?	
	What questions do you have about PACE?	