

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

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

| Your General Information | | | |
|--------------------------|--|--|--|
| | Last Name | | |
| | First Name | | |
| | OCP Number | | |
| | Business Phone Number | | |
| Α | 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)? | | |

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 | | | | | |
|-------------------|---|--|--|--|--|
| | 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 | | | | | |
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| | Why are you interested in becoming a PACE assessor for Pharmacist Applicants? | | | | |
|---|---|--|--|--|--|
| | | | | | |
| В | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| P | harmacy Name | | | | | | |
|----|---|---|---------------------|--------------|----|-------|--|
| P | harmacy Address | | | | | | |
| Α | ccreditation Number | | | | | | |
| T | ype of Practice | Community | | | | | |
| | ow many hours each week do you ork at this site? | Long-term ca | re | | | | |
| Α | verage number of prescriptions per ay | | | | | | |
| Ir | ndicate proportion of patient opulations (estimate) | % Pediatric % General Adult % Geriatric % Other (describe) | | | | | |
| | Proportion of Prescriptions | | | | | | |
| S | pecialty services provided | <30% | 30-70% | | >7 | ′0% | |
| Sp | pecialty compounding | | | | | | |
| C | ompliance packaging | | | | | | |
| N | 1ethadone | | | | | | |
| | ariety and frequency of practice pportunities for PACE candidates | few times / day | few times / week | every wee | | rarel | |
| P | erform medication reviews / MedsChecks | | | | | | |
| Pı | rovide pharmaceutical opinions | | | | | | |
| R | enew prescriptions | | | | | | |
| In | nitiate prescriptions | | | | | | |
| Α | dapt prescriptions | | | | | | |
| P | erform procedure on tissue below dermis | | | | | | |
| | dminister by injection / inhalation for ducation / demonstration purposes | | | | | | |
| | ollaborate with other health care rofessionals | | | | | | |
| C | ollaborate with pharmacy team members | | | | | | |
| Р | harmacy 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.

| Cor | Commitment as a PACE assessor | | | | | | | |
|-----|---|--|--------|----|--|--|--|--|
| | | | YES | NO | | | | |
| | Are you able to observe a candidat practising side by side with them? | e for at least 24 hours per week while | | | | | | |
| | | <u>Or</u> | 0 | r | | | | |
| D | | plit observation of a candidate over a practising side by side with a candidate? | | | | | | |
| | If you prefer to be a co-assessor, pl of your proposed co-assessor and application. | ease provide the name and OCP number ask them to submit a separate | | | | | | |
| | Name: | OCP# | | | | | | |
| | Does your manager support your p | | | | | | | |
| | Does your practice site's organizati support your role as a PACE assessor | ional structure (e.g., staffing, resources) or? | | | | | | |
| | Are you currently the subject of a | disciplinary or incapacity proceeding? | | | | | | |
| | ase provide a reference that may be ndards. | contacted to comment on your practice activities | es and | | | | | |
| Ref | erence Information | | | | | | | |
| | Last Name | | | | | | | |
| | First Name | | | | | | | |
| E | OCP Number | | | | | | | |
| | Contact Telephone Number | | | | | | | |
| | Email Address | | | | | | | |
| | How did you hear about PACE? | | | | | | | |

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

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What questions do you have about PACE?