



PACE Assessor Agreement

I accept responsibility for being the Assessor for (insert Candidate name)

_____.

I agree to:

- Provide an orientation to the candidate
- Conduct a full assessment of the candidate for 70 hours at the approved site
- Not discuss the performance of the candidate during or upon completion of the assessment
- Advise pharmacy staff to refrain from sharing performance feedback to the candidate
- Provide accurate ratings & detailed comments
- Submit my assessment on time according to the assessment period that my candidate and I have agreed to
- Notify the College of any prolonged absence or discontinuation by candidate;
- Notify the College of any incidents that may have occurred which could be considered to have impacted the assessment process
- Grant the College permission to use information related to my participation in PACE for the sole purpose of evaluation and program enhancement

Confirmation of Identity

I confirm that the candidate has presented me with a copy of valid, government-issued identification (driver's license, passport, permanent resident card) bearing both their photograph and signature. I confirm that the identification is not expired and bears a true likeness of the candidate being assessed before me.

Conflict of Interest

I confirm that I do not have a conflict of interest with my candidate. I am aware that failure to declare a conflict prior to starting PACE could result in disqualification of my candidate's outcome.

Assessor: _____ Signature: _____

Email: _____ Phone Number: _____

Orientation Phase Start Date: _____

Assessment Phase Start Date: _____

PACE Conflict of Interest Guidelines

The relationship between an assessor and their PACE candidate must allow for a fair, objective, impartial and transparent assessment of the candidate's practice performance. The PACE assessment must occur at a site in which the candidate has had no previous exposure.

Any potential conflict of interest or bias must be disclosed by the candidate and the proposed assessor to determine if further consideration is needed.

Failure to disclose any actual or perceived conflict of interest or bias may result in a referral to a panel of the Registration Committee. In the case of an undeclared conflict of interest, a panel has the authority to decide that the candidate will have to redo the PACE under an assessor acceptable to the Registration Committee, and could also result in the Registration Committee refusing to allow the pharmacist to act as an assessor in the future.

Examples of reasons to declare a conflict of interest could include direct candidate-assessor relationships in the following ways:

- **Familial relationships** – family relationship between the candidate and the assessor
- **Personal relationships** – previously established relationship (including through prior employment)
- **Financial relationships** – any business connection between the candidate and the assessor, designated manager, owner, director or shareholder of assessment site
- **Assessment site familiarity** – previous exposure to assessment site

For questions about potential issues with conflict of interest, please contact regprograms@ocpinfo.com.