

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

Before completing this application form, please review the [PACE Assessor Criteria](#) to ensure that you are eligible to be a PACE assessor.

Your General Information		
A	Last Name	
	First Name	
	OCP Number	
	Business Phone Number	
	Email Address	
	Years of practice in direct patient care in a Canadian jurisdiction (min 4 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	
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 an assessor for the PACE Program?

Your Practice Site Information (where PACE would occur):

C	Pharmacy Name				
	Pharmacy Address				
	Accreditation Number				
	Type of Practice	Community Hospital			
	How many hours each week do you work at this site?				
	Average number of prescriptions per day				
	Indicate proportion of patient populations (estimate)	% Pediatric % General Adult % Geriatric % Other (describe)			
	Specialty services provided	Proportion of Prescriptions			
		<30%	30-70%	>70%	
	Specialty compounding				
	Compliance packaging				
	Methodone				
	Variety and frequency of practice opportunities for PACE candidates	few times / day	few times / week	every 2-3 weeks	rarely
	Perform medication reviews / MedsChecks				
	Provide pharmaceutical opinions				
	Renew prescriptions				
	Initiate prescriptions				
	Adapt prescriptions				
	Perform procedure on tissue below dermis				
	Administer by injection / inhalation for education / demonstration purposes				
Collaborate with other health care professionals					
Collaborate with pharmacy team members					
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?		
	<u>Or</u>		
	Are you and a co-assessor able to split observation of a candidate over a duration of at least 24 hours 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?			

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	

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

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

You will be notified within 10 business days of the outcome of the application review. Thank you for your interest in being considered for this important role.