

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 | Within the past 3 years, what have you done to enhance your practice and/or the profession that you are most proud of (e.g., professional development, projects, contribution(s) to new initiatives)? |
| | |

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|----------|--|
| B | Describe 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 (include city) | | | | |
| | Accreditation Number | | | | |
| | How many hours each week do you work at this site? | | | | |
| | Average number of prescriptions/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 (above level A) | | | | |
| | Compliance packaging | | | | |
| | Methadone | | | | |
| | 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 | | | | | |
| Prescribe for Minor Ailments | | | | | |
| Pharmacy Staffing (FTE – full time equivalents) | Pharmacist FTE: Pharmacy Technicians FTE: Pharmacy Assistants FTE: | | | | |

Commitment as a PACE assessor

| | | YES | NO |
|----------|--|-----|----|
| | <p>Are you able to observe a candidate for at least 24 hours per week while practising side by side with them? <i>(if you cannot meet this time requirement, please contact us at regprograms@ocpinfo.com to discuss if a co-assessor model is possible at your site)</i></p> | | |
| | <p>Does your manager support your participation as a PACE assessor?</p> | | |
| D | <p>How will you ensure that you are able to directly observe and supervise a PACE candidate for the entire 70 hours of their assessment over a 2 or 3 week period?</p> | | |

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.

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 | |

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|----------|--|
| | <p>How did you hear about PACE?</p> |
| F | <p>What questions do you have about PACE?</p> |
| | |

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.