

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

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.

Your General Information		
A	Last Name	
	First Name	
	OCP Number	
	Business Phone Number	
	Email Address	
	Class of Registration	Pharmacy Technician Pharmacist
	Years of practice as a registered pharmacy technician <i>OR</i> pharmacist providing patient care in a Canadian jurisdiction (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	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	Hospital Name				
	Hospital Address				
	Accreditation Number				
	Please indicate in which areas of the department you work and the proportion of time in each area				
	How many hours each week do you work at this site?				
	Variety and frequency of practice opportunities for PACE candidates	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				
	On-Site Pharmacy Staffing (FTE – full time equivalents)	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
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 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

E	Last Name	
	First Name	
	OCP Number	
	Contact Telephone Number	
	Email Address	

Additional Information

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