

Declaration of Competence to Provide Patient Care

A pharmacist or pharmacy technician who asks to renew their Part A Certificate of Registration **must provide a declaration of competence** to provide patient care. Former pharmacists or pharmacy technicians requesting to be reinstated into Part A must also provide a declaration of competence to provide patient care.

The College maintains a two-part Register for pharmacists and pharmacy technicians:

- Part A – registrants who provide patient care
- Part B – registrants who **do not** provide patient care

There are a number of activities which the College considers as patient care activities. These include activities with individual patients and with patient populations, which can be **distilled to the level of providing individual patient care**.

[Please visit our website](#) to see examples of patient care activities for pharmacists and pharmacy technicians.

Complete the competency declaration section that applies to you (pharmacist or pharmacy technician) and provide your signature at the bottom of this form.

Competency Declaration For Pharmacists

To remain in Part A of the Register:

- I declare that I remain competent to provide safe, quality care to patients, that meets the Standards of Practice, Code of Ethics, and optimizes patient care.
- I acknowledge that my practice meets the definition of Part A as described above.
- I acknowledge that I am required to complete a [knowledge assessment](#) when selected to do so.
- I acknowledge that I am required to complete a [practice assessment](#) when selected to do so. It is my responsibility to make any necessary arrangements to complete this assessment when scheduled.
- I acknowledge that I am required to maintain a Designated Practice Assessment (DPA) site with OCP (a practice site in Ontario where I provide patient care and where the practice assessment takes place.). It is my responsibility to update OCP if this DPA site changes, and to notify the Designated Manager, manager or supervisor that I have selected/declared this practice site (if applicable).
- I acknowledge that I am required to participate in self-assessment and continuing professional development activities and maintain a portfolio of such activities to ensure that I can maintain the Standards of Practice of the profession and provide optimal patient care.
- I acknowledge that failure to comply with the above can result in a referral to the Quality Assurance Committee, who has the authority to direct the Registrar to transfer a registrant to Part B.

Competency Declaration

For Pharmacy Technicians

To remain in Part A of the Register:

- I declare that I remain competent to provide safe, quality care to patients, that meets the Standards of Practice, Code of Ethics, and optimizes patient care.
- I acknowledge that my practice meets the definition of Part A as described above
- I acknowledge that I am required to complete a [practice assessment](#) when selected to do so. It is my responsibility to make any necessary arrangements to complete this assessment when scheduled.
- I acknowledge that I am required to maintain a Designated Practice Assessment (DPA) site with OCP (a practice site in Ontario where I provide patient care and where the practice assessment takes place.). It is my responsibility to update OCP if this DPA site changes, and to notify the Designated Manager, manager or supervisor that I have selected/declared this practice site (if applicable).
- I acknowledge that I am required to participate in self-assessment and continuing professional development activities and maintain a portfolio of such activities to ensure that I can maintain the Standards of Practice of the profession and provide optimal patient care.
- I acknowledge that failure to comply with the above can result in a referral to the Quality Assurance Committee, who has the authority to direct the Registrar to transfer a registrant to Part B.

Name	OCP Number
Signature	Date Signed