

PHARMACY TECHNICIAN STRUCTURED PRACTICAL TRAINING PROGRAM

1. Welcome

Welcome to the Alberta College of Pharmacists' Pharmacy Technician Structured Practical Training (SPT) program.

The Pharmacists and Pharmacy Technicians Profession Regulation to the *Health Professions Act* requires that applicants for the pharmacy technician register successfully complete a structured practical training program. The ACP Pharmacy Technician SPT program is a learning experience of at least 800 hours that permits those enrolled in the program (learners) to apply previously acquired academic knowledge and skills to a practical setting through observation and participation resulting in the development and/or demonstration of the competencies outlined in the *Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice* developed by the National Association of Pharmacy Regulatory Authorities (NAPRA).

The SPT program is divided into three levels:

- Level 1 - minimum **320** hours*
 - In Level I the learner is required to acquire &/or demonstrate competencies at an acceptable level. The focus of this level is the provision of **drug distribution**.
- Level II – minimum **320** hours*
 - In Level II the learner is required to demonstrate competencies proficiently. **Expectations regarding the demonstration of professionalism and management knowledge and skills, and quality assurance are increased.**
- Level III – minimum **160** hours*
 - Level III is intended to confirm proficiency. Learners are expected to work independently acting as a pharmacy technician
 - Successful completion of Level III requires demonstration of proficiency of competency 5, *Drug Distribution Product Release*, specifically *5.1 Ensure accuracy and quality of final product*.

* **Note:** The hours listed are minimums. Successful completion of each level depends on demonstration of the required competencies. Learners may need additional time to do so.

2. Program Rules

1. Candidates who wish to enroll in the SPT program must be registered on ACP's provisional pharmacy technician register or pharmacy technician register.
2. Once enrolled, a learner will remain in the SPT program until:
 - a. he/she has successfully completed all three levels of the program and is registered on the pharmacy technician register; or
 - b. he/she ceases to be registered on the provisional pharmacy technician register or the pharmacy technician register.

Training Sites

3. Learners must complete their SPT hours at a licensed community pharmacy or institution pharmacy in Alberta.
4. Learners may only complete SPT hours at sites that:
 - a. operate a minimum of 20 hours per week,
 - b. have had an ACP pharmacy assessment within the past three years and have no outstanding deficiencies as a result of that assessment,
 - c. have no restrictions on the pharmacy license that will impact ability to provide a good learning environment for an SPT learner, and
 - d. have no outstanding complaints that have been referred to a hearing tribunal.

Preceptors

5. Each SPT rotation must be supervised by an approved preceptor. ACP may approve a pharmacist registered on the clinical register or a pharmacy technician registered on the pharmacy technician register to act as a preceptor if he/she:
 - a. has been registered on the clinical register or pharmacy technician register for two years or more, or has equivalent experience in direct patient care;
 - b. has no restrictions on his/her practice permit that will impact ability to provide a good learning experience for an SPT learner;
 - c. has no outstanding complaints that have been referred to a hearing tribunal; and
 - d. is not in a close personal relationship with the SPT learner being precepted.
6. An SPT learner may have a maximum of two preceptors for each level of the program. A change in preceptor is only allowed after:
 - a. completion of an evaluation by the first preceptor, and
 - b. submission to and approval by the Registrar of a new *Pharmacy Technician SPT Notification Form* signed by the learner and the new preceptor.

Completion of SPT Hours

7. SPT learners are required to find their own preceptor site and preceptor.
8. Before beginning the SPT program, both the learner and the preceptor must sign a *Pharmacy Technician SPT Notification Form* and submit it to the Registrar for approval.
9. SPT hours must be completed in a normal work week pattern which is not less than 20 hours and not more than 44 hours per week.

Supervision

10. Direct supervision by a clinical pharmacist, courtesy pharmacist, or pharmacy technician is required for all SPT hours completed in Level I of the SPT program.
11. At the discretion of the supervising pharmacist or pharmacy technician, SPT hours completed as part of Level II or Level III of the SPT program may be under indirect supervision if the learner has successfully completed the ACP ethics and jurisprudence exam.

Progression Through the Program

12. The preceptor is responsible for evaluating the SPT learner using the *Pharmacy Technician SPT Assessment Form* provided by ACP.
 - a. The preceptor must discuss each completed assessment/evaluation form with the learner.
 - b. A learner who disagrees with an assessment must discuss his/her concerns with the preceptor.
 - i. If the disagreement cannot be resolved, it must be brought to the attention of the Registrar within 30 days of the assessment.
 - ii. The Registrar may appoint an arbitrator to assist in resolution of the disagreement and, if necessary, may appoint an alternate preceptor to reassess the student.
13. The preceptor and the learner must sign a *Pharmacy Technician SPT Assessment Form* and a *Certificate of Completion of Technician Structured Practical Training Form* and submit it to ACP within 30 days of the completion of each level of the program.
 - a. Learners who wish to change preceptors or training sites must submit a new *Pharmacy Technician SPT Notification Form* signed by the learner and the new preceptor.
14. Learners who have successfully completed Level III but are not yet ready or able to register on the pharmacy technician register will remain enrolled in the SPT program in a post-Level III status for the purposes of completing additional hours as a provisional pharmacy technician.
 - a. Candidates who will continue to complete hours in the SPT program following successful completion of Level III must submit a *Pharmacy Technician Post –SPT Form*
15. Learners who apply to register on the pharmacy technician register more than two years after completion of Level III will be required to successfully repeat Level II and Level III of the program unless they have completed a minimum of 480 hours in a post-Level III status in the year immediately prior to registration on the pharmacy technician register.
 - a. A *Pharmacy Technician SPT Assessment Form* signed by the post-Level III preceptor and the learner must be submitted to the Registrar.

Recent Canadian Graduates

16. Students who have completed practical rotations as part of a Canadian pharmacy program approved by council (i.e., CCAPP-accredited program) may be deemed to have completed the equivalent to Level I* of the SPT program if the student registers in the SPT program and completes Level II and Level III within two (2) years of completion of the accredited training program.

* Clinical rotations of at least 320 hours may be considered equivalent to Level I.

3. Program Registration

Before beginning the SPT program, a learner must:

- register on the provisional pharmacy technician register,
- find a site and a preceptor,
- submit a completed *Pharmacy Technician SPT Notification Form* to ACP, and
- receive approval from ACP to begin the program.

Learners who have graduated from a CCAPP-accredited program that includes 320 hours of clinical rotation will be deemed to have completed Level I of the SPT program if they apply within two (2) years of completion of the program.

4. Program Activities

Demonstration of competencies is accomplished through the completion of program activities developed for each of the nine competency categories mentioned in the Professional *Competencies for Canadian Pharmacy Technicians at Entry to Practice* developed by the National Association of Pharmacy Regulatory Authorities (NAPRA). These nine competency categories include:

1. Legal, Ethical and Professional Responsibility
2. Professional Collaboration and Team Work
3. Drug Distribution: Prescription and Patient Information
4. Drug Distribution: Product Preparation
5. Drug Distribution: Product Release
6. Drug Distribution: System and Inventory Control
7. Communication and Education
8. Management Knowledge and Skills
9. Quality Assurance

A complete description of the nine NAPRA competencies is available on the NAPRA website at: http://napra.ca/pages/Practice_Resources/pharmacytechniciancompetencies.aspx

Program activities are outlined in ACP's *Pharmacy Technician SPT Logbook*. Learners must complete all activities in accordance with the Standards of Practice for Pharmacists and Pharmacy Technicians, the Standards for the Operation of Licensed Pharmacies, and all other applicable legislation. Learners and preceptors should familiarize themselves with the 2011 versions of the standards prior to beginning the program.

How to use the Logbook

The *Pharmacy Technician SPT Logbook* should be used to document completion of each activity and record approval of completion of the activity by the preceptor or the preceptor's delegate. Learners are not required to submit the completed logbook to ACP, but it must be made available to the college upon request. Therefore, learners must retain it for two years following completion of the SPT program.

ACP recommends that learners print the logbook and put it into a binder with dividers for each of the nine NAPRA competencies. When an activity is completed, it should be recorded in the logbook and signed off (initialed) by the preceptor. If there is not adequate room on the logbook to document or summarize the activity, learners should make a note in the logbook and insert additional documentation, labeled with the activity number, into the binder in the appropriate section.

If approved by the preceptor, another pharmacist on the clinical pharmacist register or the courtesy pharmacist register or a pharmacy technician on the pharmacy technician register may sign off completed activities on behalf of the preceptor. Only the ACP-approved preceptor can complete the *Pharmacy Technician SPT Assessment Form* and sign the *Certificate of Completion of Technician Structured Practical Training Form*.

Demonstration of Proficiency of Product Release

One of the activities that must be completed in order to successfully complete Level III of the SPT program is a demonstration of proficiency of product release. The learner must demonstrate proficiency in completing a final check to the satisfaction of the evaluator by completing **a minimum** of 100 final checks with 100% accuracy. Final checks must be performed completed as outlined in Standard 7.14 of the Standards of Practice for Pharmacists and Pharmacy Technicians. Provisional pharmacy technicians who are qualifying for the pharmacy technician register via the transition pathway, must also complete this activity therefore the details for completing the activity are outlined in a separate document that is available on the ACP website.

5. Assessments

The learner must complete a *Pharmacy Technician SPT Pre-rotation Self-Assessment Form* to assess their knowledge, skills and abilities before beginning the program. This form must be shared with the preceptor and should be used as a tool to plan the rotation in a way that will provide the learner opportunities to develop additional knowledge, skills and abilities to demonstrate the competencies required to successfully complete the program.

The preceptor must complete an assessment at the end of each level of the program. The preceptor must complete a *Pharmacy Technician SPT Assessment Form* and discuss it with the learner. The form must then be signed by both the learner and the preceptor and submitted to ACP. This notification must be submitted before beginning the next level of the program.

Regardless of the number of hours completed in the program, the learner must demonstrate each required competency with confidence and a limited amount of support in order to proceed to the next level of the program. If the preceptor does not feel the competencies have been demonstrated at an acceptable level, additional time and learning should be planned.

- Learners must adequately demonstrate a majority of Drug Distribution competencies to move from Level I to Level II of the program.
- Learners must adequately demonstrate a majority of all competencies to move from Level II to Level III of the program.
- Learners must adequately demonstrate all competencies, including *Demonstration of Proficiency of Product Release*, to complete Level III of the program.

6. Forms

The following table outlines all forms that may be used in the Pharmacy Technician SPT Program and their function. All forms are available on the ACP website.

Form	Function and Comments
<i>Pharmacy Technician SPT Notification Form</i>	<ul style="list-style-type: none"> • Completed by a learner registered on the provisional pharmacy technician register to apply to begin the SPT program or to notify ACP of a change in preceptor or site. • Must be signed by both the learner and the preceptor. • Must be submitted to and approved by ACP before completion of any SPT hours or demonstration of competencies.
<i>Pharmacy Technician SPT Pre-rotation Self-Assessment Form</i>	<ul style="list-style-type: none"> • Completed by the learner to assess knowledge, skills and abilities before beginning the SPT program. • Must be shared with the preceptor at the beginning of the rotation to be used as a tool to plan the rotation in a way that will provide the learner opportunities to develop additional knowledge, skills and abilities to demonstrate the competencies required to successfully complete the program.
<i>Pharmacy Technician SPT Assessment Form</i>	<ul style="list-style-type: none"> • Completed by the preceptor at the completion of each level of the program to provide the learner with information on their performance in the program, areas of strength and areas for improvement. • Must be signed by both the learner and the preceptor. • Must be submitted to ACP within 30 days of the completion of the level.
<i>Certificate of Completion of Technician Structured Practical Training Form</i>	<ul style="list-style-type: none"> • Completed by the preceptor to indicate when the learner has successfully completed a level of the program. • Must be signed by both the learner and the preceptor. • Must be submitted to ACP within 30 days of the completion of the level.
<i>Pharmacy Technician SPT Logbook</i>	<ul style="list-style-type: none"> • Completed by the learner and initialed by the preceptor or the preceptor's designate to record completion of program activities. • Does not need to be submitted to ACP; however, must be retained by the learner for two years following completion of the SPT program and submitted to ACP upon request.

<p><i>Demonstration of Proficiency of Product Release Completion Form</i></p>	<ul style="list-style-type: none"> • Completed by the preceptor to indicate that the learner has successfully demonstrated proficiency completing a final check for the release of products as per the process approved by ACP council. • Submit the completed form to ACP. • Note: learners enrolled in the Pharmacy Technician SPT Program are not required to submit the <i>Demonstration of Proficiency of Product Release Notification Form</i>.
<p><i>Pharmacy Technician Post –SPT Form</i></p>	<ul style="list-style-type: none"> • Completed by a pharmacy technician registered on the provisional pharmacy technician register who has successfully completed Level III of the SPT program to notify ACP of the provisional pharmacy technician’s intent to continue working under the SPT program until complete all requirements to move to the pharmacy technician register. • Must be signed by the technician and preceptor. • Submit to ACP for review and approval.

*See below for SPT forms

Pharmacy Technician Structured Practical Training Pre-Rotation Self Assessment Form

Technician Name:	ACP Number:	Date:
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RATING SCALE	
Needs Improvement	1 - can demonstrate, but only with support
	2 - can demonstrate, but frequently requires support
Acceptable	3 - can demonstrate with confidence; sometimes needs support
	4 - can demonstrate; rarely needs support
No Opportunity	N/O – unable to demonstrate due to no opportunity

Competency

Rating

1.0 Legal, Ethical and Professional Responsibilities

circle one

- | | | | | | |
|--|---|---|---|---|-----|
| 1.1 Meet legal requirements | | | | | |
| 1.1.1 <i>Comply with legal requirements including federal and provincial legislation.</i> | 1 | 2 | 3 | 4 | N/O |
| 1.1.2 <i>Protect patient confidentiality according to applicable federal and provincial privacy legislation.</i> | 1 | 2 | 3 | 4 | N/O |
| 1.2 Uphold and act on ethical principles | | | | | |
| <i>Demonstrate personal and professional integrity.</i> | 1 | 2 | 3 | 4 | N/O |
| 1.3 Demonstrate professionalism | | | | | |
| 1.3.1 <i>Accept responsibility and accountability for own actions and decisions including the safety of patient, self, and others.</i> | 1 | 2 | 3 | 4 | N/O |
| 1.3.2 <i>Promote understanding of the pharmacy technician role and its relationship to the roles of other healthcare providers.</i> | 1 | 2 | 3 | 4 | N/O |

2.0 Professional Collaboration and Team Work

- | | | | | | |
|---|---|---|---|---|-----|
| 2.1 Collaborate to meet patient health care needs, goals, and outcomes | | | | | |
| 2.1.1 <i>Develop collaborative relationships with and show respect for all members of the inter-professional team.</i> | 1 | 2 | 3 | 4 | N/O |
| 2.1.2 <i>Seek guidance from another pharmacy technician or pharmacist when uncertain about own knowledge, skills, abilities. Seek out appropriate information and/or resources. Refer patients to other healthcare professionals when required.</i> | 1 | 2 | 3 | 4 | N/O |

3.0 Drug Distribution: Prescription and Patient Information

- | | | | | | |
|---|---|---|---|---|-----|
| 3.1 Receive a prescription | | | | | |
| 3.1.1 <i>Create and/or maintain a patient record (i.e., gather, review, and update patient demographics, health history, confirm allergies, medication use, and third party payment information).</i> | 1 | 2 | 3 | 4 | N/O |
| 3.1.2 <i>Assess prescription for clarity, completeness, authenticity, and legal requirements. Consult with the patient, pharmacist, or prescriber when required.</i> | 1 | 2 | 3 | 4 | N/O |
| 3.2 Process the prescription | | | | | |
| 3.2.1 <i>Assess the prescription and determine processing priority.</i> | 1 | 2 | 3 | 4 | N/O |
| 3.2.2 <i>Interpret the prescription including abbreviations, numerals, and symbols.</i> | 1 | 2 | 3 | 4 | N/O |
| 3.2.3 <i>Perform pharmaceutical calculations.</i> | 1 | 2 | 3 | 4 | N/O |
| 3.2.4 <i>Ensure the prescription information is recorded accurately on patient records.</i> | 1 | 2 | 3 | 4 | N/O |
| 3.2.5 <i>Alert the pharmacist to actual and/or potential drug therapy related problems.</i> | 1 | 2 | 3 | 4 | N/O |
| 3.3 Transfer prescription authorizations to another pharmacy provider at patients' requests | | | | | |
| 3.3.1 <i>Transfer prescription authorizations to another pharmacy provider at patients' requests.</i> | 1 | 2 | 3 | 4 | N/O |

4.0 Drug Distribution: Product Preparation

- | | | | | | |
|---|---|---|---|---|-----|
| 4.1 Select, prepare, and package products for release | | | | | |
| 4.1.1 <i>Select appropriate products/brands.</i> | 1 | 2 | 3 | 4 | N/O |
| 4.1.2 <i>Prepare non-sterile and sterile products.</i> | 1 | 2 | 3 | 4 | N/O |
| 4.1.3 <i>Package products to maintain integrity. Label according to legislative requirements.</i> | 1 | 2 | 3 | 4 | N/O |

Pharmacy Technician Structured Practical Training Pre-Rotation Self Assessment Form

Competency	Rating				
	<i>circle one</i>				
5.0 Drug Distribution: Product Release					
5.1	Ensure accuracy and quality of the final product				
5.1.1	<i>Independent double check and documentation.</i>	1	2	3	4 N/O
5.2	Collaborate with the pharmacist in the release of the product				
5.2.1	<i>Confirm that the pharmacist has reviewed the prescription and the patient record.</i>	1	2	3	4 N/O
5.3	Document all aspects of drug distribution activities				
5.3.1	<i>Document all aspects of drug distribution activities.</i>	1	2	3	4 N/O
6.0 Drug Distribution: System and Inventory Control					
6.1	Manage the drug distribution system				
6.1.1	<i>Contribute to the implementation and maintenance of safe and effective systems of drug supply and distribution following distribution policies and procedures.</i>	1	2	3	4 N/O
6.1.2	<i>Recognize and respond to unusual patterns of drug distribution including drug misuse, and fluctuations in utilization.</i>	1	2	3	4 N/O
6.2	Manage inventory				
6.2.1	<i>Determine and maintain inventory requirements sufficient for patient safety and efficient operations using an inventory information system.</i>	1	2	3	4 N/O
6.2.2	<i>Audit inventory and report any discrepancies.</i>	1	2	3	4 N/O
6.2.3	<i>Complete all documentation pertaining to inventory management (e.g., narcotics, Special Access drugs).</i>	1	2	3	4 N/O
7.0 Communication and Education					
7.1	Establish and maintain effective communications.				
7.1.1	<i>Use effective communication skills in developing professional relationships with patients and healthcare professionals.</i>	1	2	3	4 N/O
7.2	Provide information and education				
7.2.1	<i>Coordinate or participate in health promotion and education for individuals and groups.</i>	1	2	3	4 N/O
7.2.2	<i>Assist patients to select and use drug administration devices, diagnostic and monitoring devices, home health aids, and other non drug measures.</i>	1	2	3	4 N/O
7.3	Document, in compliance with legislation, standards, policies, and procedures				
7.3.1	<i>Document information, procedures, and actions accurately, clearly and in a timely manner.</i>	1	2	3	4 N/O
8.0 Manage Knowledge and Skills					
8.1	Activities				
8.1.1	<i>Manage financial elements associated with prescription processing.</i>	1	2	3	4 N/O
8.1.2	<i>Manage operational and administrative activities occurring within the practice environment.</i>	1	2	3	4 N/O
9.0 Quality Assurance					
9.1	Activities				
9.1.1	<i>Participate in quality assurance processes.</i>	1	2	3	4 N/O
9.1.2	<i>Ensure the safety and integrity of pharmaceutical products.</i>	1	2	3	4 N/O
9.1.3	<i>Contribute to the creation and maintenance of a safe work environment.</i>	1	2	3	4 N/O

Comments:

Areas of Strength

Areas for Improvement

Structured Practical Training Provisional Pharmacy Technician

Notification Form

Information

Please be advised that I, _____ will begin
Name of Pharmacy Technician

my level _____ structured practical training on _____ in
I, II or III Date

Name of Pharmacy: _____ License #: _____

Address: _____

Town/City: _____ Postal Code: _____

Pharmacy Technician Declaration

I attest that I have:

- registered with ACP on the provisional pharmacy technician register, and
- am not in a close personal relationship with and do not have or could not be perceived to have a conflict of interest or bias with respect to the preceptor.

Signature of Pharmacy Technician

ACP Registration Number

Date

Preceptor and Pharmacy Information

I, _____ have agreed to accept _____
Name of Preceptor Name of Pharmacy Technician

as a participant in the Alberta College of Pharmacists Structured Practical Training program for
 pharmacy technicians.

Preceptor Declaration

I attest that I:

- will take primary responsibility for directly supervising and assessing the participant for the structured practical training program
- have two years or more of direct patient care as a practising pharmacist or two years or more as a regulated pharmacy technician, and
- am not in a close personal relationship with the participant and do not have or could not be perceived to have a conflict of interest or bias with respect to the participant.

Signature of Participant

ACP Registration Number

Date

Structured Practical Training Provisional Pharmacy Technician

Completion Form

Information

This certifies that _____ has completed
Name of Pharmacy Technician

_____ hours of Level _____ in:
I, II or III

Name of Pharmacy: _____

Pharmacy License Number: _____

Address: _____

Town/City: _____

Postal Code: _____

Date of Completion: _____

Certification of Completion

I hereby certify that I have successfully completed all requirements, as outlined in the instructions, for the above noted level of the structured practical training program.

Signature of Pharmacy Technician

Registration Number

Date

I hereby certify that the above named pharmacy technician has, in my opinion, successfully completed the level of structured practical training noted above and is eligible to advance to the next level of the program.

Signature of Preceptor

Registration Number

Date

Pharmacy Technician Structured Practical Training Assessment Form

Technician Name:	ACP Number:	Level Assessed:
Signature:		I II III
Preceptor Name:	ACP Number:	Date:
Signature:		

RATING SCALE	
Needs Improvement	1 - can demonstrate, but only with support 2 - can demonstrate, but frequently requires support
Acceptable	3 - can demonstrate with confidence; sometimes needs support 4 - can demonstrate; rarely needs support
No Opportunity	N/O - unable to demonstrate due to no opportunity

Competency

Preceptor Rating (Circle One)

1.0 Legal, Ethical and Professional Responsibilities

- | | | | | | |
|--|---|---|---|---|-----|
| 1.1 Meet legal requirements | | | | | |
| 1.1.1 <i>Comply with legal requirements including federal and provincial legislation.</i> | 1 | 2 | 3 | 4 | N/O |
| 1.1.2 <i>Protect patient confidentiality according to applicable federal and provincial privacy legislation.</i> | 1 | 2 | 3 | 4 | N/O |
| 1.2 Uphold and act on ethical principles | | | | | |
| <i>Demonstrate personal and professional integrity.</i> | 1 | 2 | 3 | 4 | N/O |
| 1.3 Demonstrate professionalism | | | | | |
| 1.3.1 <i>Accept responsibility and accountability for own actions and decisions including the safety of patient, self, and others.</i> | 1 | 2 | 3 | 4 | N/O |
| 1.3.2 <i>Promote understanding of the pharmacy technician role and its relationship to the roles of other health care providers</i> | 1 | 2 | 3 | 4 | N/O |

2.0 Professional Collaboration and Team Work

- | | | | | | |
|---|---|---|---|---|-----|
| 2.1 Collaborate to meet patient health care needs, goals, and outcomes | | | | | |
| 2.1.1 <i>Develop collaborative relationships with and show respect for all members of the inter-professional team.</i> | 1 | 2 | 3 | 4 | N/O |
| 2.1.2 <i>Seek guidance from another pharmacy technician or pharmacist when uncertain about own knowledge, skills, abilities. Seek out appropriate information and/or resources. Refer patients to other healthcare professionals when required.</i> | 1 | 2 | 3 | 4 | N/O |

3.0 Drug Distribution: Prescription and Patient Information

- | | | | | | |
|---|---|---|---|---|-----|
| 3.1 Receive a prescription | | | | | |
| 3.1.1 <i>Create and/or maintain a patient record (i.e., gather, review, and update patient demographics, health history, confirm allergies, medication use, and third party payment information).</i> | 1 | 2 | 3 | 4 | N/O |
| 3.1.2 <i>Assess prescription for clarity, completeness, authenticity, and legal requirements. Consult with the patient, pharmacist, or prescriber when required.</i> | 1 | 2 | 3 | 4 | N/O |
| 3.2 Process the prescription | | | | | |
| 3.2.1 <i>Assess the prescription and determine processing priority.</i> | 1 | 2 | 3 | 4 | N/O |
| 3.2.2 <i>Interpret the prescription including abbreviations, numerals, and symbols.</i> | 1 | 2 | 3 | 4 | N/O |
| 3.2.3 <i>Perform pharmaceutical calculations.</i> | 1 | 2 | 3 | 4 | N/O |
| 3.2.4 <i>Ensure the prescription information is recorded accurately on patient records.</i> | 1 | 2 | 3 | 4 | N/O |
| 3.2.5 <i>Alert the pharmacist to actual and/or potential drug therapy related problems.</i> | 1 | 2 | 3 | 4 | N/O |
| 3.3 Transfer prescription authorizations to another pharmacy provider at patients' request | | | | | |
| 3.3.1 <i>Transfer prescription authorizations to another pharmacy provider at patients' requests.</i> | 1 | 2 | 3 | 4 | N/O |

Pharmacy Technician Structured Practical Training Assessment Form

Competency	Preceptor Rating (Circle One)				
4.0 Drug Distribution: Product Preparation					
4.1 Select, prepare, and package products for release					
4.1.1 <i>Select appropriate products/brands.</i>	1	2	3	4	N/O
4.1.2 <i>Prepare non-sterile and sterile products.</i>	1	2	3	4	N/O
4.1.3 <i>Package products to maintain integrity. Label according to legislative requirements.</i>	1	2	3	4	N/O
5.0 Drug Distribution: Product Release					
5.1 Ensure accuracy and quality of the final product					
5.1.1 <i>Independent double check and documentation.</i>	1	2	3	4	N/O
5.2 Collaborate with the pharmacist in the release of the product					
5.2.1 <i>Confirm that the pharmacist has reviewed the prescription and the patient record.</i>	1	2	3	4	N/O
5.3 Document all aspects of drug distribution activities					
5.3.1 <i>Document all aspects of drug distribution activities.</i>	1	2	3	4	N/O
6.0 Drug Distribution: System and Inventory Control					
6.1 Manage the drug distribution system					
6.1.1 <i>Contribute to the implementation and maintenance of safe and effective systems of drug supply and distribution following distribution policies and procedures.</i>	1	2	3	4	N/O
6.1.2 <i>Recognize and respond to unusual patterns of drug distribution including drug misuse, and fluctuations in utilization.</i>	1	2	3	4	N/O
6.2 Manage inventory					
6.2.1 <i>Determine and maintain inventory requirements sufficient for patient safety and efficient operations using an inventory information system.</i>	1	2	3	4	N/O
6.2.2 <i>Audit inventory and report any discrepancies.</i>	1	2	3	4	N/O
6.2.3 <i>Complete all documentation pertaining to inventory management (e.g., narcotics, Special Access drugs).</i>	1	2	3	4	N/O
7.0 Communication and Education					
7.1 Establish and maintain effective communications.					
7.1.1 <i>Use effective communication skills in developing professional relationships with patients and healthcare professionals.</i>	1	2	3	4	N/O
7.2 Provide information and education					
7.2.1 <i>Coordinate or participate in health promotion and education for individuals and groups.</i>	1	2	3	4	N/O
7.2.2 <i>Assist patients to select and use drug administration devices, diagnostic and monitoring devices, home health aids, and other non-drug measures.</i>	1	2	3	4	N/O
7.3 Document in compliance with legislation, standards, policies, and procedures					
7.3.1 <i>Document information, procedures, and actions accurately, clearly and in a timely manner.</i>	1	2	3	4	N/O
8.0 Manage Knowledge and Skills					
8.1 Activities					
8.1.1 <i>Manage financial elements associated with prescription processing.</i>	1	2	3	4	N/O
8.1.2 <i>Manage operational and administrative activities occurring within the practice environment.</i>	1	2	3	4	N/O
9.0 Quality Assurance					
9.1 Activities					
9.1.1 <i>Participate in quality assurance processes.</i>	1	2	3	4	N/O
9.1.2 <i>Ensure the safety and integrity of pharmaceutical products.</i>	1	2	3	4	N/O
9.1.3 <i>Contribute to the creation and maintenance of a safe work environment.</i>	1	2	3	4	N/O

Comments: (including areas of strength and areas for improvement)

Provisional Pharmacy Technician Post Structured Practical Training Work Experience Form

This form is for use by provisional pharmacy technicians who have completed the ACP structured practical training program, who have not applied for regulation and who continue to work in an Alberta hospital or community pharmacy.

Pharmacy Technician	
Name: _____	
ACP Registration Number (must be registered with ACP): _____	
Employment Start Date: _____	
Employment End Date: _____	
Name of Pharmacy: _____ Pharmacy License No. _____	
Pharmacy Address: _____	
City/Town: _____ Postal Code: _____	
_____	_____
Date	Signature of Pharmacy Technician

Preceptor		
I, _____	have agreed to accept _____	
(name of preceptor)	(name of pharmacy technician)	
as a provisional pharmacy technician for the period indicated above.		
_____	_____	_____
Date	Signature of Preceptor	ACP Reg Number