

College of Pharmacists of British Columbia



APPLICATION FOR STRUCTURED PRACTICAL TRAINING – PHARMACY TECHNICIAN

APPLICANT INFORMATION

Ms Mrs Miss Mr Dr

Name _____
Last name (Surname) *First name* *Other name(s)*

Address _____

Tel (home) _____

Tel (work) _____

City _____ Province/State _____

Postal code/Zip _____ Country _____

Email _____

eServices ID _____

EMERGENCY CONTACT

Name _____ Tel (home) _____

Relationship _____ Tel (work) _____

PRE-TRAINING REQUIREMENT

I attest that:

- I am pre-registered with the College of Pharmacists of B.C.
- I have reviewed and understand the following online resources for WorkSafe BC requirements:
 - [Young & New Worker – Rights and responsibilities for new and young workers](#)
 - [Bullying & Harassment – Fact sheets and frequently asked questions](#) (Worker, How to Recognize Workplace Bullying and Harassment, Frequently Asked Questions)
 - [Bullying and Harassment – Videos](#): 1). Worker-to-Worker Bullying and Harassment, 2) Employer Addresses a Bullying and Harassment Complaint, 3) When the Employer is the Bully, 4) What Does Bullying and Harassment Mean for You and Your Workplace)

Applicant signature

Date

The College of Pharmacists of BC ("College") collects, uses, discloses, stores, and retains personal information in compliance with the *Health Professions Act (HPA)*, the *Pharmacy Operations and Drug Scheduling Act (PODSA)*, and the *Freedom of Information and Protection of Privacy Act (FIPPA)*. The personal information you provide when completing and submitting this form is being collected and will be used by the College to carry out its mandate under the HPA in the public interest. The collection of this personal information is permitted under section 26(c) and (e) of FIPPA. If you have any questions or concerns about the College's privacy practices, please contact the College's Privacy Officer: privacy@bcpharmacists.org or 604.733.2440.

**APPLICATION FOR
STRUCTURED PRACTICAL TRAINING – PHARMACY TECHNICIAN**

PRECEPTOR AND SITE INFORMATION

Primary Preceptor Name: _____ CPBC Registration #: _____

Primary Preceptor Email (print clearly): _____

Structured Practical Training (SPT) Program Site

Apply a pharmacy label or an address stamp below. Include telephone and fax number.

SPT Time Period:

Proposed start date: _____ End date: _____

- The start date must be on a Monday. Applicants that are required to complete 160 hours are permitted up to 3 months to complete their SPT. Applicants that are required to complete 500 hours are permitted up to 6 months to complete their SPT.
- This SPT Program is a minimum of 160 hours. Additional hours may be required if you graduated from a CCAPP accredited program 3 years or greater preceding SPT application. For more information see [Registration Committee Policy-8 \(RCP-8\)](#)
- Application must be submitted a minimum 10 business days prior to preferred start date. It may be emailed or emailed to: registration@bcpharmacists.org
- SPT must be completed in one continuous block and at one single site.

Preceptor Acknowledgement:

I hereby acknowledge to:

- Provide the applicant with an orientation to the facility and pharmacy staff.
- During times when I cannot be present to supervise, I will delegate my preceptor duties to other registered pharmacists or pharmacy technicians, as long as I am responsible for and present with the applicant for the majority of the applicant's hours.
- Ensure appropriate patient care opportunities are provided to the applicant to complete the required learning activities.
- Set expectations and ensure ongoing formative feedback is provided to the applicant on a daily basis to improve the applicant's knowledge and skills.
- Provide regularly scheduled weekly meetings to discuss and review the mandatory learning activities and the applicant's progress on achieving these.
- Complete all mid-rotation and summative final evaluations for the applicant as required.
- Communicate any difficulties with the course or applicant with the CPBC as soon as they arise.
- Ensure that if there are other students/learners on site, this will not interfere with the SPT program.

Preceptor Criteria:

A preceptor must have the following qualifications:

- Be a registered pharmacist or pharmacy technician in good standing with CPBC.
- Must not have any limits/conditions on their registration imposed by CPBC that restricts them from being a preceptor.
- Have at least six months of community or hospital pharmacy practice experience.
- Not have a conflict of interest with regard to the applicant (e.g. family relation or personal relationship). This criterion applies to all pharmacists, pharmacy staff & managers at the site.
- Be able to review the applicant's answers to the assignments to ensure accuracy and completeness.

PRECEPTOR DECLARATION

I, _____ (print name), meet the preceptor qualifications/acknowledgements above and declare that I do not have a conflict of interest with regards to the applicant.

Preceptor signature

Date

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PAYMENT OPTION

Applicant Name

Last name (Surname)

First name

Middle name

Bank Draft/Money order (*payable to College of Pharmacists of BC*)

VISA

MasterCard

Card # _____ Exp ____ / ____

Cardholder name _____

Cardholder signature _____

For the Pharmacy Technician Structured Practical Training Program fee, refer to [Schedule D – Fee Schedule](#). This fee is subject to GST (5%).

GST # R106953920

*Acceptable methods of payment are Visa or Mastercard credit cards (Visa or Mastercard debit cards and prepaid credit cards are not accepted)

All fees are non-refundable.

For office use ONLY

iMIS ID: _____ Finance stamp: _____

Reg initials: _____

Date to Finance: _____