



College of Pharmacists of Manitoba

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PHARMACY TECHNICIAN STRUCTURED PRACTICAL TRAINING NOTIFICATION FORM

Pharmacy Technician-in-Training Information

Please be advised that I, _____, born on _____, intend to begin my
Name of pharmacy technician-in-training (MM/DD/YY)

structured practical training on _____ at the following pharmacy:
(MM/DD/YY)

Pharmacy Name _____ Pharmacy Licence # _____

Address _____
Street Town/City Province Postal Code

Pharmacy Technician-in-Training Declaration:

I declare that I:

- have submitted a “Pharmacy Technician-in-Training Application” and have been approved with the College of Pharmacists of Manitoba as a pharmacy technician-in-training, and
- do not have a conflict of interest with regard to the supervisor of my structured practical training (e.g. family relation or personal relationship).***

Signature of pharmacy technician-in-training

Date

Supervisor Information

I, _____, a _____ have agreed to accept
Name of supervisor Position (pharmacist or technician)

_____ as a participant in the College of Pharmacists of
Name of pharmacy technician-in-training

Manitoba Pharmacy Technician Structured Practical Training program.

Supervisor Declaration:

I attest that I:

- will take primary responsibility for directly supervising and assessing the pharmacy technician-in-training for the structured practical training program,
- am a licensed pharmacist or listed pharmacy technician with the College of Pharmacists of Manitoba and have been for 2 years if I am a pharmacy technician that was a graduate of a CCAPP accredited pharmacy technician program; or 1 year if I am a pharmacy technician that qualified through the ‘transition stream’ (qualified for the PEBC Examinations through prior work experience and the Pharmacy Technician Bridging Program); or upon referral and approval by the Registrar,
- will not serve as a preceptor for an intern (pharmacist applicant) and as a supervisor for a pharmacy technician-in-training at the same time, unless other additional sufficient supports are present in the pharmacy,
- will not serve as the supervisor for more than one pharmacy technician-in-training at the same time, unless other additional sufficient supports are present in the pharmacy, and
- do not have a conflict of interest with regard to the applicant (e.g. family relation or personal relationship).***

Signature of supervisor

Licence #

Date

***For more information, please refer to “Practice Sites in Manitoba” on page 8 of the SPT Manual and page 12 for Supervisor Qualifications and Responsibilities.