



PHARMACY TECHNICIAN STRUCTURED PRACTICAL TRAINING (SPT) NOTIFICATION FORM

Pharmacy Technician-in-Training Information

Please be advised that I, _____, born on _____, and graduated _____
Name of pharmacy technician-in-training MM/DD/YYYY
from a CCAPP accredited pharmacy technician training program in _____ intend to begin _____
MM/YYYY
my structured practical training on _____ at the following pharmacy:
MM/DD/YYYY

Pharmacy Name	Pharmacy Licence #		
Mailing Address	City	Province	Postal Code
Name of Supervisor		Supervisor's Licence # or PT Certificate #	

Pharmacy Technician-in-Training Declaration

<input type="checkbox"/> I will be listed as a pharmacy technician within three years of graduation from a CCAPP accredited pharmacy technician training program and will complete a minimum of 240 hours of the structured practical training program.	OR	<input type="checkbox"/> I will be listed as a pharmacy technician more than three years after graduation from a CCAPP accredited pharmacy technician training program and will complete a minimum of 360 hours of the structured practical training program.
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Please respond to the following statements by indicating YES or NO.	YES	NO
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.		
I do not have a conflict of interest regarding the supervisor of my structured practical training. E.g.: family relation, personal relationship*		
If I complete 240 hours of structured practical training and do not list within three years of graduation from a CCAPP accredited pharmacy technician training program, I understand that I will have to complete an additional 120 hours of structured practical training and may have to repeat other parts of the structured practical training program.		

	YES	NO
I have provided the College with a Criminal Record Check, including a vulnerable sector search , a Child Abuse Registry Check, and an Adult Abuse Registry Check. I understand the record and registry checks, must meet all criteria, as set out in policy. A check is considered current if dated within six (6) months, or less, on the date received by the Registrar.		
<small>*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.</small>		

By signing this application, I attest that:

- The information I provide to the Registrar, herein, is truthful and accurate to the best of my knowledge.
- I will notify the College promptly, in writing, of any changes to information contained herein.
- I understand this is a confirmation of information as listed on this entire application.

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 Manitoba Pharmacy
 Name of pharmacy technician-in-training

Technician Structured Practical Training program.

Supervisor Declaration

Please respond to the following statements by indicating YES or NO.

YES NO

I will take primary responsibility for directly supervising and assessing the pharmacy technician-in-training for the structured practical training program.

I 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.

I 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.

I 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.

	YES	NO
I do not have a conflict of interest regarding the applicant. E.g.: family relation, personal relationship*		
*I have completed, at a minimum, the modules listed below for ONE of the following programs:		
<p>Dalhousie Faculty of Health Professions – Preceptor eLearning Course</p> <ul style="list-style-type: none"> ○ <i>Module 1 – The Role of the Preceptor</i> ○ <i>Module 3 – Evaluation and Feedback</i> ○ <i>Module 4 – Supporting Students’ Learning Needs</i> ○ <i>Module 6 – Equity, Diversity, and Inclusion</i> <p><i>OR</i></p> <p>University of Western Ontario – Preceptor Education Program</p> <ul style="list-style-type: none"> ○ <i>Module 2 – Anti-Oppressive Practices</i> ○ <i>Module 3 – Developing Learning Objectives</i> ○ <i>Module 6 – Feedback and Evaluation</i> ○ <i>Module 7 – Successfully Navigating Conflicts</i> <p><i>OR</i></p> <p><i>For those who are also preceptors of university pharmacy students and pre-graduate interns,</i> University of Manitoba, Rady Faculty of Health Sciences, College of Pharmacy – Preceptor Development Program Modules</p> <ul style="list-style-type: none"> ○ <i>All modules as required at time of completion</i> 		
**Required as of March 1, 2024		

*For more information, please refer to “Practice Sites in Manitoba” and “Supervisor Qualifications and Responsibilities” in the SPT Manual.

By signing this application, I attest that:

- The information I provide to the Registrar, herein, is truthful and accurate to the best of my knowledge.
- I will notify the College promptly, in writing, of any changes to information contained herein.

Signature of supervisor	Licence #	Date
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