



PHARMACY TECHNICIAN STRUCTURED PRACTICAL TRAINING (SPT) NOTIFICATION FORM

Pharmacy Technician-in-Training Information

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

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.		
*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.		
By signing this application, I attest that: <ul style="list-style-type: none"> 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 <div style="display: flex; justify-content: space-around; font-size: small;"> Name of supervisor Position (pharmacist or technician) </div> _____ as a participant in the College of Pharmacists of Manitoba Pharmacy <div style="display: flex; justify-content: space-around; font-size: small;"> Name of pharmacy technician-in-training </div> 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*			
<p>*I have completed, at a minimum, the modules listed below for ONE of the following programs:</p> <p>Dalhousie Faculty of Health Professions – Preceptor eLearning Course</p> <ul style="list-style-type: none"> ○ Module 1 – The Role of the Preceptor ○ Module 3 – Evaluation and Feedback ○ Module 4 – Supporting Students’ Learning Needs ○ Module 6 – Equity, Diversity, and Inclusion <p>OR</p> <p>University of Western Ontario – Preceptor Education Program</p> <ul style="list-style-type: none"> ○ Module 2 – Anti-Oppressive Practices ○ Module 3 – Developing Learning Objectives ○ Module 6 – Feedback and Evaluation ○ Module 7 – Successfully Navigating Conflicts <p>OR</p> <p><i>For those who are also preceptors of university pharmacy students and pre-graduate interns, University of Manitoba, Rady Faculty of Health Sciences, College of Pharmacy – Preceptor Development Program Modules</i></p> <ul style="list-style-type: none"> ○ All modules as required at time of completion <p>OR</p> <p><i>For those who are also preceptors/supervisors of pharmacy technician students from MITT: Office of Experiential Education (OEE) from University of British Columbia Faculty of Pharmaceutical Sciences: Practice Educator Development Training - OEE Partner Resource Centre (ubc.ca)</i></p> <ul style="list-style-type: none"> ○ All modules as required at time of completion <p>**Required as of March 1, 2024</p>			
<p>*For more information, please refer to “Practice Sites in Manitoba” and “Supervisor Qualifications and Responsibilities” in the SPT Manual.</p>			
<p>By signing this application, I attest that:</p> <ul style="list-style-type: none"> ▪ 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	