



# College of Pharmacists of Manitoba

200 Taché Avenue, Winnipeg, Manitoba R2H 1A7  
 Phone (204) 233-1411 | Fax: (204) 237-3468  
 E-mail: info@cphm.ca | Website: www.cphm.ca

## 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 <b>within three years of graduation</b> from a CCAPP accredited pharmacy technician training program and will complete a <b>minimum of 240 hours</b> of the structured practical training program.	<b>OR</b>	<input type="checkbox"/>	I will be listed as a pharmacy technician <b>more than three years after graduation</b> from a CCAPP accredited pharmacy technician training program and will complete a <b>minimum of 360 hours</b> 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 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 <b>ONE</b> of the following programs:</p> <p><b>Dalhousie Faculty of Health Professions – Preceptor eLearning Course</b></p> <ul style="list-style-type: none"> <li>○ Module 1 – The Role of the Preceptor</li> <li>○ Module 3 – Evaluation and Feedback</li> <li>○ Module 4 – Supporting Students’ Learning Needs</li> <li>○ Module 6 – Equity, Diversity, and Inclusion</li> </ul> <p>OR</p> <p><b>University of Western Ontario – Preceptor Education Program</b></p> <ul style="list-style-type: none"> <li>○ Module 2 – Anti-Oppressive Practices</li> <li>○ Module 3 – Developing Learning Objectives</li> <li>○ Module 6 – Feedback and Evaluation</li> <li>○ Module 7 – Successfully Navigating Conflicts</li> </ul> <p>OR</p> <p><i>For those who are also preceptors of university pharmacy students and pre-graduate interns, <b>University of Manitoba, Rady Faculty of Health Sciences, College of Pharmacy – Preceptor Development Program Modules</b></i></p> <ul style="list-style-type: none"> <li>○ All modules as required at time of completion</li> </ul> <p>OR</p> <p><i>For those who are also preceptors/supervisors of pharmacy technician students from MITT: <b>Office of Experiential Education (OEE) from University of British Columbia Faculty of Pharmaceutical Sciences: Practice Educator Development Training - OEE Partner Resource Centre (ubc.ca)</b></i></p> <ul style="list-style-type: none"> <li>○ All modules as required at time of completion</li> </ul>			
**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.			
<p><b>By signing this application, I attest that:</b></p> <ul style="list-style-type: none"> <li>▪ The information I provide to the Registrar, herein, is truthful and accurate to the best of my knowledge.</li> <li>▪ I will notify the College promptly, in writing, of any changes to information contained herein.</li> </ul>			
Signature of supervisor	Licence #	Date	