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| NICPLD_Blue  **SPE – Safe and Effective Provision of Medicines (SEPM)**  Post-reg Foundation Programme – FP1 |
| Name of pharmacist: |
| PSNI registration number: |

Please provide a brief description of your relevant professional experience (with examples) to demonstrate that you have covered the practice activities (PAs) listed.

Please state the learning outcomes demonstrated within the description of your relevant professional experience.

**Clinical screening** practice activity must have been completed as a registered pharmacist.

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| *PA* | *Brief description of relevant professional experience (with examples)* |
| Checking accuracy  *(of dispensed items)* |  |
| Clinical screening  *(of prescribed medicines)* |  |
| Procurement activity  *(eg sourcing & supplying a special or unlicensed medicine)* |  |
| Managing workflow  *(in the workplace)* |  |
| Disposal of medicines  *(eg returned / unused / expired medicines)* |  |

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| PHARMACIST DECLARATION:  **I declare that the information I have provided in my SPE is a true and accurate reflection of my professional experience and meets the quality criteria for validity and authenticity.**  Signed (pharmacist): Date: |