



Accredited Checking Pharmacy Technician
(ACPT) Programme

Application Form

Candidate name:

Candidate's signature:

Work-base address:

Personal email:

Telephone: Fax:

Technician Qualification BTEC Pharmacy Services NVQ Level III Pharmacy

Other (please state):

Date of qualification (to ensure 2 years as qualified):

Workplace educational supervisor name:

Job title:

Educational supervisor year of registration/year of qualification as ACPT:

Educational supervisor email:

I have observed the dispensing accuracy of the candidate and have endorsed their 200 item dispensing log. I understand my role as educational supervisor and have organised the in-house panel who will facilitate the two in-house interviews and then forward to NICPLD.

Educational supervisor's signature:

Employer confirmation

I confirm that SOPs for dispensing (including labelling) are in place and are operational within the Pharmacy, and appropriate risk assessment has been carried out to ensure candidate can be fully supported. The SOPs were last reviewed on:
ACPT will be part of this pharmacy technician's job description.

Employer/Chief Pharmacist

Date: