

# Accredited Checking for Pharmacy Technicians Programme (ACPT)

## CANDIDATE INFORMATION AND DECLARATION

Full name of pharmacy technician:

PSNI no:

Email address:

Work establishment:

Name of pharmacy technician qualification:

Date of qualification (to ensure 2 years qualified):

**I wish to enrol onto the ACPT programme and agree to undertake the relevant pre course and in-practice activities to develop and demonstrate my competence.**

Candidate signature:

Date:

## DECLARATION BY EDUCATIONAL SUPERVISOR

Full name of ES:

PSNI no:

Email address:

Year of registration / Accreditation as ACPT:

**I confirm that:**

- I am a registered pharmacist with 3 years post registration experience or an accredited ACPT with a minimum of 3 years' post-accreditation experience
- I have /will attend(ed) the ACPT educational supervisor training provided by NICPLD
- I have experience in supporting and mentoring the professional development of pharmacy colleagues at my work base
- I have experience of facilitating staff
- I will be committed to meeting regularly with the candidate to ensure maximum support is provided

**I have observed the dispensing accuracy of the candidate and have endorsed their 200 item dispensing log.**

**I agree to support this pharmacy technician with the ACPT programme they are undertaking**

ES signature:

Date:

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## DECLARATION BY MANAGER

Full name of Employer / Chief pharmacist:

PSNI no:

**I support this pharmacy technician's enrolment onto the ACPT Programme**

**I confirm that:**

- the candidate meets the criteria outlined for entry onto the programme
- the necessary training and support of their professional development will be provided at the above-named work establishment
- this will be provided by an appropriately trained Educational Supervisor who is competent to take on this role

**I confirm that SOPs for dispensing (including labelling) and checking 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 signature:

Date: