

Accredited Checking Pharmacy Technician (ACPT) Programme

Reaccreditation Interview

| ACPT name: | Date: | | | |
|-------------------------------------------------------------------------------------------------------|--------|---|---|--------|
| Educational supervisor: | | | | |
| Senior manager name: | | | | |
| Accreditation expiry date: | | | | |
| | | | | |
| Interview to include discussion of the following: | | ✓ | × | Signed |
| 1. Regularly worked as an ACPT over the accreditation period (defined as at least 8 hours per month)? | | | | |
| Works within the ACPT Framework and local SOPs | | | | |
| 3. Only checks items listed in their competencies | | | | |
| 4. Review of reflections of any errors made over the accreditation | period | | | |
| 5. Is error rate of the candidate acceptable? | | | | |
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| Reaccreditation interview notes and feedback to candidate (continue on additional page if necessary): | | | | |
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| ACPT name: | Date | | | |
| Educational supervisor signature: | Date: | | | |
| Senior manager signature: | Date: | | | |