



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. The SOPs were last reviewed on . The ACPT will be part of this pharmacy technician's job description.

Employer/Chief Pharmacist:  Date: