



Internship Application Form

Please Type or Print

Social Insurance Number		OCP Registration Number	
Surname: Mr. Ms Mrs. Miss (please circle one)			
Given Name(s) in full		Previous Surname	
Street Address			Apt. #
City		Province	Postal Code
Phone		Email	

Personal Professional Liability Insurance

Effective January 1st, 2008 Interns are required to provide proof of personal professional liability insurance. For more information, please visit www.ocpinfo.com

Name of Insurance Company		Name of Insurance Broker	
Certificate/Policy Number	Effective Date	Expiry Date	

Fluency

Currently enrolled or graduate of a Canadian/US Faculty of Pharmacy

International Pharmacy Graduate: Name of Fluency Exam taken: _____ Date Fluency Exam taken: _____

Examinations - If you have passed (please indicate)

<input type="checkbox"/> PEBC Evaluating Examination	Date taken: _____
<input type="checkbox"/> PEBC Qualifying Examination	Date taken: _____
<input type="checkbox"/> OCP Jurisprudence Examination	Date taken: _____

Fee

\$231.65 payment enclosed
(\$205.00 + \$26.65 HST)

Please Note: fees are subject to change without notice

Training Site/Preceptor

The above-named Intern would like to request SPT Internship training beginning on: (DATE) _____ at the Pharmacy indicated below for a minimum of 35 hours per week.

Name of Pharmacy		Pharmacy Accreditation Number (Mandatory)	
Pharmacy Street Address		City	Province
Postal Code	Phone	Fax	

Declaration of Conflict: Do you have a conflict of interest with the intern?
 No Yes Please describe _____
 If yes, a Registration Advisor will contact you to follow up. Note: this declaration does not necessarily preclude this preceptorship.

I _____ (OCP registration No. _____) hereby certify that I am qualified to be an SPT preceptor in accordance with the Preceptor and SPT Practice Site Criteria printed on the reverse side of this form. I will supervise the above-named Intern for SPT internship training.

Preceptor's Signature: _____ Date: _____

Intern

I will be working under the supervision of the above-named SPT Preceptor. I acknowledge that I cannot begin my SPT Internship training until I have received confirmation from the College

Intern's Signature: _____ Date: _____

Preceptor Criteria - Registered Pharmacy Students/Interns

SPT PRECEPTOR CRITERIA - REGISTERED PHARMACY STUDENTS/INTERNS

The registration regulation that covers registration as a pharmacist is Regulation 202/94, as amended. It requires that every student or intern must have successfully completed in-service training under a preceptor acceptable to the Registration Committee. A pharmacist cannot act as a preceptor until the application has been confirmed by the College, and a certificate of registration has been issued to the student or intern. This policy outlines who is eligible to be a preceptor and how a preceptor is expected to function. The policy is not to be applied where the result might be to discriminate against a pharmacist who is disabled as that term is defined by the Ontario Human Rights Code. If that issue arises, the pharmacist's application to be a preceptor shall be referred to the Registration Committee.

POLICY

1. Eligibility

- a) A preceptor must be a pharmacist who practises in Ontario for at least 18 hours a week, and has been licensed and practising direct patient care in a Canadian jurisdiction for at least one year.
- b) A preceptor must not undertake the in-service training of more than one registered student or intern for the purposes of fulfilling the requirements of the College's Structured Practical Training (SPT) Program at any one time unless otherwise authorized by a panel of the Registration Committee.
- c) A preceptor must not:
 - i. have any terms, conditions or limitations on his/her certificate of registration other than those applicable to all members of the pharmacist class unless otherwise authorized by a panel of the Registration Committee;
 - ii. have been found to have committed an act of professional misconduct or to be incompetent by the Discipline Committee within the last six years unless otherwise authorized by a panel of the Registration Committee;
 - iii. have been found to be incapacitated by the Fitness to Practice Committee within the last six years unless otherwise authorized by a panel of the Registration Committee;
 - iv. have been the subject of allegations of professional misconduct or incompetence that have been referred to, but not yet decided upon by, the Discipline Committee; or
 - v. have been the subject of allegations of incapacity that have been referred to, but not yet decided upon by, the Fitness to Practice Committee.
- d) The preceptor must have met the training requirements of the College by either completing the College's Preceptor Orientation Workshop or meeting the requirements to be a preceptor for the structured practical experiential program (SPEP) in the curriculum of the Leslie Dan Faculty of Pharmacy, University of Toronto.
- e) To continue to be eligible to serve as a preceptor, the preceptor must have served as a preceptor and meet the additional educational requirements for preceptors as determined by the Registration Programs staff (currently required every three years).
- f) The preceptor must practise in a pharmacy that meets the SPT Practice Site Criteria unless otherwise authorized by a panel of the Registration Committee. The Practice Site criteria are available on the College's website at www.ocpinfo.com > Licensing > Training & Assessments > SPT.

2. Conflict of Interest

Preceptors must not have or be perceived by the College to have a conflict of interest or bias in respect of the student or intern unless otherwise authorized by a panel of the Registration Committee. The existence of any factor* which would be perceived as potentially compromising an objective, candid and fair assessment of the student or intern's competency must be disclosed on the initial application if known at that time or as soon as the potential conflict or bias is identified. The disclosure requirement is applicable to both the applicant and the preceptor. Disclosure of the potential conflict of interest or bias will not necessarily preclude the preceptorship. Failure to disclose a potential conflict of interest may result in a referral to a panel of the Registration Committee that may determine that the student or intern will have to redo the SPT under a preceptor acceptable to the Registration Committee and could also result in the Registration Committee refusing to allow the pharmacist to act as a preceptor in the future.

3. Supervision and Assessment

- a) The preceptor must take primary responsibility for supervising and assessing the student or intern for a minimum of 18 hours a week. The preceptor may delegate a portion of the supervision and assessment to other pharmacists or health care professionals as appropriate, and must delegate responsibility for direct supervision of the registered pharmacy student to a pharmacist while in a pharmacy when the preceptor is not available.
- b) The preceptor must complete all required assessments of performance and submit the final assessment to the College within seven days of completion of training.
- c) If the training is terminated for any reason by either party, the preceptor must complete and return an assessment to the College within seven days of that termination.

Policy Approved by Registration Committee: February 4, 2009

*Usual examples include familial relationships (direct and indirect), financial or business connections.

SPT PRACTICE SITE CRITERIA

The practice site shall:

1. be accredited by OCP and/or a hospital or other site in Ontario in which direct patient care is provided;
2. have a counselling area if in a community setting so that there is a reasonable expectation of acoustical privacy, or have an active patient counselling program if in an alternative setting;
3. have a philosophy and an organizational structure (e.g., sufficient staffing and resources) that permits an appropriate degree of educational opportunities and one interaction between preceptor and student/intern;
4. provide health related information and be involved in health promotion and disease prevention;
5. be a pharmacy that has not had a disciplinary finding against it in the past six years or is not currently the subject of disciplinary proceedings;
6. be a pharmacy for which there does not exist any unsatisfied order or action by the Accreditation Committee; and
7. be a pharmacy wherein the student/intern is not in an actual or perceived conflict of interest relationship with the Designated Manager or any Owner, Director,

Officer or Shareholder of the Corporation holding the Certificate of Accreditation.

Note: Students/interns who wish to complete SPT in a site that does not meet all of these criteria may request an exemption from the Registration Committee.

Declaration of Good Character



- For: Pre Registration
 Application as a Student
 Application as an Intern
 Application as a Pharmacist

Have you been found guilty of an offence under any Act regulating the practice of pharmacists or relating to the sale of drugs, or of any criminal offence in Ontario, or any other jurisdiction? Yes No

Are you the subject of a current proceeding relating to an offence under any Act regulating the practice of pharmacists or relating to the sale of drugs, or relating to any criminal offence in Ontario, or any other jurisdiction? Yes No

Have you ever been or are you currently the subject of a finding of professional misconduct, incompetence or incapacity in Ontario or any other jurisdiction in relation to pharmacy or any other health profession? Yes No

I acknowledge that I shall be deemed to have not satisfied the requirement for a certificate of registration if I make a false or misleading statement or representation on my application. Yes No

I agree that I shall provide the Registrar with the details of any of the following that relate to me and that occur or arise after my registration: Yes No

- a charge relating to an offence under any Act regulating the practice of pharmacists or relating to the sale of drugs, or relating to any criminal offence
- a finding of guilt in relation to an offence under any Act regulating the practice of pharmacists or relating to the sale of drugs or in relation to any criminal offence
- a finding of professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession
- a proceeding for professional misconduct, incompetence or incapacity in any jurisdiction in relation to pharmacy or any other health profession.

I hereby certify that the statements made by me on this application are complete and correct to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of any registration which may be granted to me.

Please print your name _____ OCP # _____
(First name) (Last name) (if applicable)

Signature _____ Date _____