To fill out and save this form, it must be downloaded and opened with Adobe Reader.

Additional prescribing authorization: Application form

Updated January 2025

Instructions

There are two parts to the application: this application form and three patient cases taken from your practice.

The information you provide on page one is used to verify your eligibility, to communicate with you, and for aggregate reporting purposes. The information you provide on subsequent pages will be evaluated by assessors. Be concise with your responses. Adequate space is provided, however you may add additional pages if you require more space than the form allows for any of the questions. If you require more space, direct assessors to the location of your continued response by recording the appropriate page number (e.g., continued on page 9) at the bottom of the applicable question.

Once you have completed your application form, compiled your three cases, and reviewed your submission, be sure to sign and date the declaration below.

Demographics

Name: _____ ACP registration number: _____

Mailing address: _____ _____ _____
street address *province* *postal code*

Phone number (primary): _____ Phone number (alternate): _____

Email address: _____

Years in practice: ◯ 1-2 years ◯ 3-5 years ◯ 6-9 years ◯ 10+ years

Primary practice setting: ◯ Clinic ◯ PCN ◯ Community ◯ Continuing care ◯ Hospital ◯ Consultant ◯ Other: _____

Secondary practice setting (if applicable): _____

Current work location: _____

Most common conditions/disease states for which patients under your care seek treatment:

A. _____

B. _____

C. _____

Your declaration

I declare that all information provided on this application form and all information supplied in support of this application are true and accurate to the best of my knowledge.

_____ _____
Signature Date

Alberta College of Pharmacy

Your practice

The description you provide in this series of questions will give assessors a frame of reference for the three cases you submit.

Describe your process of care.

1. Describe the process that you use to gather information from the patient (or the patient's agent). If you use custom forms or templates, include samples with your descriptions.

2. Describe how you access other information about the patient (electronic sources, other healthcare providers). If you use custom forms or templates, include samples with your descriptions.

Alberta College of Pharmacy

3. Describe the process you follow when assessing patients and developing care plans. How do you identify which patients require the development of a comprehensive care plan? If you use custom forms or templates, include samples with your descriptions.

4. Describe how you ensure proper monitoring and follow-up. Explain how you ensure continuity of care. If you use custom forms or templates, include samples with your descriptions.

5. Describe the process you use to document patient-care activities. Do you use a standard documentation format such as SOAP or DAP or do you use a narrative style? Do you document in your pharmacy software program, in paper files, electronic Word documents, etc.? If you use custom forms or templates, include samples with your descriptions.

6. Describe the process YOU use to collaborate with other healthcare providers. Describe
   - how and when you communicate with others,
   - how you determine what information is relevant to share with others,
   - how you determine mutual goals of therapy, and
   - how you determine who will take responsibility for what.

Your preparedness

To help you answer this series of questions, first complete the self-assessment form to correlate your knowledge and skills, your process of care, and your practice environment with the framework of key activities that outline the obligations of a prescribing pharmacist.

Describe your preparedness to incorporate additional prescribing authorization into your practice.

1. Describe what you have done to ensure that you have sufficient knowledge and skills to initiate and manage ongoing drug therapy. Include information about additional experience, education, training, and/or mentorships you completed and details about what specifically you undertook to prepare yourself for additional prescribing authorization.

2. Describe how your practice environment allows you to perform, or supports you in performing, the key activities of a prescribing pharmacist. If you made changes in your practice environment in preparation for incorporating additional prescribing authorization into your practice, include a description of those changes and the reasons you made them.

3. Describe what you have done to ensure your process of care meets the requirements of the Standards of Practice as outlined in the framework of key activities and indicators. If you made changes in your process of care in preparation for incorporating additional prescribing authorization into your practice, include a description of those changes and the reasons you made them.

Your judgement

Pharmacists who have been granted additional prescribing authorization indicate that they often come across situations where they must consider prescribing for a patient or for a condition that they are less familiar with, or for a condition they had not anticipated.

Describe how you determine what your boundaries are.

1. List and explain the general principles that you will use to determine whether to prescribe for a patient, or whether you refer them to another healthcare professional.

2. Provide a detailed example of a situation that occurred in your practice when you would have chosen to refer the patient to another prescriber even if you were legally authorized to prescribe, and explain why you would have referred this patient to another prescriber.

3. Provide a detailed example of a situation that occurred in your practice where you would have chosen to initiate a prescription if you had been legally authorized to prescribe even though the situation or the condition is outside what you would commonly see in your practice. Explain why you would have prescribed in this situation.

Alberta College of Pharmacy

Artificial intelligence declaration

Please complete the following section. Your application will be considered incomplete if this is not completed. The following data is being collected for information purposes. It will not affect the scoring of your application.

I have used artificial intelligence (AI) in my application responses (e.g., application form, case narratives).

Yes No

If you checked "yes" to this question, use the following space to indicate how and where AI was used within your application responses. Indicate relevant question and page numbers.

I have used artificial intelligence (AI) in my case material (e.g., patient records, communication to other healthcare providers).

Yes No

If you checked "yes" to this question, use the following space to indicate how and where AI was used within your case material. Indicate relevant question and page numbers.

If you checked "yes" on either of the above questions, please indicate which AI tool(s) were used.