



**Who should apply for the additional prescribing authorization?**

Clinical pharmacists with at least one (1) year of full-time experience in direct patient care while on the clinical pharmacist register. Beginning in 2018, entry level Pharm D graduates from CCAPP accredited Canadian schools of pharmacy will have the one-year practice requirement waived. However, applicants must use patient cases from their time on the clinical register as a clinical pharmacist (i.e., not as students, interns, etc.).

**What constitutes a 'professional relationship' with a patient?**

A professional relationship is a relationship formed with a patient for the purpose of optimizing the patient's health and drug therapy. A professional relationship includes the clinical pharmacist collecting enough information to identify the patient's health needs and the information required to provide pharmacy services to the patient. This relationship is important because the clinical pharmacist must ensure that their decisions and services focus on the health needs of the patient and the patient must be involved in decisions about their health needs.

**Can locums and 'floater' pharmacists have professional relationships with patients?**

Locums and 'floater' pharmacists are able to form professional relationships with patients. A 'professional relationship' is not validated solely by duration or the passage of time. The dialogue (the information exchanged) between the clinical pharmacist and the patient and/or the patient's agent is the basis by which a professional relationship is established. See above for further detail on what constitutes a 'professional relationship'.

**Must I have a current certificate in CPR and first aid before I apply for additional prescribing authorization?**

No. The Standards of Practice for Pharmacists and Pharmacy Technicians no longer require training in CPR and first aid for clinical pharmacists who have additional prescribing authorization. However, all clinical pharmacists are obligated to take appropriate steps to maintain patient safety (Standard 14.1(b)). Although this certification is no longer a requirement, some clinical pharmacists may determine that in their practice, it is in their best interest to maintain their CPR and first aid certification. Please note that clinical pharmacists who are granted the authority to administer drugs by injection are required by the Standards of Practice for Pharmacists and Pharmacy Technicians to maintain first aid and a minimum of CPR Level C.

**How do I apply for additional prescribing authorization?**

**Research:** Read all the relevant documents on this website, complete the self-assessment form, and target your learning based on what your self-assessment reveals.

**Plan:** Review your practice. Choose three cases that are current within two years and that clearly show your process of care and your role in it.

**Compile:**

1. Download and complete the application form.
2. Scan the evidence that encompasses each of your cases.
3. Thread all the evidence together with a case narrative that puts the plan into perspective for the assessors.

**Submit:** On the ACP website, click on the APA digital submission link found under additional prescribing authorization. You will be contacted within three (3) business days once your application has been received and to provide your credit card information for payment.

**Are there special courses that I should take before applying for additional prescribing authorization?**

Every clinical pharmacist regularly targets their learning to fit their own unique practice. There is no specific course requirement. Assessors will be looking for evidence of continuous learning that supports your evolving practice, benefits patients, and expands your knowledge, skills, and abilities.

**Who will assess my application?**

Applications are assessed by your peers who have been trained to assess in accordance with the criteria approved by Council.

**What is an objective criterion referenced assessment?**

An objective criterion referenced assessment is an evaluation of evidence based on a specific set of criteria used to equitably assess all applications. Measuring all applications against the same set of criteria deters subjective interpretation, holds all applicants to the same standard, and helps to ensure public safety.

The assessment framework<sup>1</sup> is linked to the Standards of Practice for Pharmacists and Pharmacy Technicians.

**How long does it take to receive the results of my application?**

You should receive results in the mail seven to eight weeks after your application is received by the college. Time to assess and provide notification varies depending on application volume and assessor availability. Please keep in mind that you may not prescribe until you have received a letter of success and your new practice permit, with additional prescribing authorization, from the college.

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<sup>1</sup> The assessment framework is the list of key activities and indicators a clinical pharmacist must routinely perform and achieve when practicing at a level that would benefit from having prescriptive authority.

**What evidence are assessors looking for when they review my cases?**

Assessors must see evidence that YOU routinely engage in ALL the key activities and achieve the indicators of care that prove you practice at a level and in an environment that would benefit from your having prescriptive authority.

They must see your process of care, how and what you document, and who you collaborate with and how, not just how you intend to provide care.

**What does a “case” mean?**

One of the ways that assessors will determine whether you practice at the level necessary for additional prescribing authorization is by evaluating the care you have provided to actual patients in your practice. They will review how you have identified and worked to resolve actual and potential drug therapy problems as evidenced in what you document in the patient record.

Because clinical pharmacist practices are diverse, the college has deliberately not provided example cases. The patient records that you maintain in your practice depend on several factors, including the complexity of the case, the length of time you have provided care to the patient, manual or electronic documentation systems, your type of practice, and your site or individual preferences.

For the purposes of this application, a case is the package of information you compile to provide evidence of the care you provided. Each case must contain copies of your documentation.

**What does a “record of care” or “patient record” mean?**

For the purposes of this application, the “record of care” and “patient record” are synonymous and refer to your actual permanent documentation, either paper-based or electronic, that contains the elements found in Appendix A of the Standards of Practice for Pharmacists and Pharmacy Technicians.

Regardless of the method of actual documentation, your patient records need to show assessors

- all relevant patient information;
- where you document your identification and prioritization of actual and potential drug therapy problem(s) (DTPs) and what you documented;
- your documentation of your realistic, achievable goals agreed upon for each DTP selected for intervention
- implementation of the care plan, including the monitoring plan;
- communication with other health care providers; and
- monitoring and documentation of outcomes.

**Do all three cases I submit have to be in the area in which I anticipate prescribing?**

No, the cases do not necessarily have to be in the practice area in which you anticipate prescribing. In the cases, the assessors are looking for evidence that you fulfill all of the key activities and indicators on a routine basis in your practice; the key activities and indicators are not specific to a practice area.

**How will the assessors determine if my “prescribing decisions reflect best practices and/or are evidence- based”?**

The best way to demonstrate to the assessors that you base your decisions on evidence or best practice is to include reference to it in your documentation or the narrative you provide with each case. All assessors are practicing clinical pharmacists and as such will be looking at what you have submitted as a peer who might be providing follow up care for this patient.

Remember, you can cite references such as clinical practice guidelines or peer-reviewed journal articles in the narrative that accompanies your patient case.

**Can I use my cases from outside of Alberta when I apply for APA?**

Yes. Clinical pharmacists may use patient cases collected from their practice in any Canadian jurisdiction when applying for APA. Cases must comply with all regulatory, legal, or professional obligations in the jurisdiction in which patient care was being provided. Applicants must be on the Alberta College of Pharmacy clinical pharmacist register or the associate pharmacist register at the time of application submission.

**Can I reapply for my APA after being unsuccessful? How many times can I reapply?**

Yes. Clinical pharmacists, after their first unsuccessful APA application, may reapply. Please note, that should a clinical pharmacist be unsuccessful after a second attempt, referral to the practice improvement program will occur. Refer to the ACP website, [Continuing Competence Program \(CCP\) requirements](#), and the Pharmacist CCP Rules for further information.

**I have more questions, who can I speak to?**

Contact the college and ask to speak to Stephanie Morton, Assessment Facilitator, or email her at [prescribingauthorization@abpharmacy.ca](mailto:prescribingauthorization@abpharmacy.ca).