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# Work experience notification form: provisional pharmacy technician

This form is for use by any provisional pharmacy technician who is working in an Alberta hospital or community pharmacy **outside** of the structured practical training (SPT) program provided by the Alberta College of Pharmacy or an experiential educational rotation provided by an accredited pharmacy technician program.

Please submit this form to ACP ([registrationinfo@abpharmacy.ca](mailto:registrationinfo@abpharmacy.ca)) prior to beginning your work experience. A form is required for each new work location.

## Provisional pharmacy technician

Name: \_\_\_\_\_

ACP registration number (must be registered with ACP): \_\_\_\_\_

Employment start date: \_\_\_\_\_

Employment end date: \_\_\_\_\_

Name of pharmacy: \_\_\_\_\_

Pharmacy licence #: \_\_\_\_\_

Pharmacy address: \_\_\_\_\_  
(street address) (town/city) (postal code)

Signature of provisional pharmacy technician

Date

## Supervising regulated member

I, \_\_\_\_\_ agree to accept \_\_\_\_\_  
(name of supervisor) (name of provisional pharmacy technician)

as a provisional pharmacy technician and provide the appropriate level of supervision<sup>1</sup> in a clinical setting for the period indicated above.

I understand and agree that I am accountable for the provisional pharmacy technician named above and their practice. I understand and will abide by the limitations of their practice when determining the level of supervision for restricted activities.

Signature of supervising regulated member

ACP registration number

Date

<sup>1</sup> Direct supervision is required for all provisional pharmacy technicians until they have completed SPT Level 1 and the Ethics and Jurisprudence exam; afterwards, indirect supervision may be permitted at the discretion of the supervising regulated member. Refer to the supervision article for more information.