

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

Ensure this form and the assessment form are submitted to techspt@abpharmacy.ca before starting a new SPT level.

Pharmacy technician Structured Practical Training (SPT) completion form

Updated September 2025

Certification by provisional pharmacy technician

I, _____, hereby declare that I have completed _____ hours

for **SPT Level** _____ on _____, at _____
1/2/3 Pharmacy name

Pharmacy address

Pharmacy licence number

I hereby certify that I have successfully completed all requirements as outlined in the Structured Practical Training Pharmacy Technician Manual and Pharmacy Technician Logbook for this level.

Signature of provisional pharmacy technician

ACP registration number

Date

Certification by Preceptor

I, _____, certify that _____
has, in my opinion, **successfully completed this level** of the Structured Practical Training Program and has met the minimum required hours for this level.

Advancement to the next level is recommended (Level 1 or 2 only).

This provisional pharmacy technician has successfully completed all requirements of the ACP SPT Program (Level 3 only).

Signature of preceptor

ACP registration number

Date

The level will not be considered complete unless both the completion form and the five-page assessment form are submitted.