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

ENSURE THIS FORM IS SUBMITTED TO techspt@abpharmacy.ca BEFORE STARTING ANY SPT LEVEL.

Pharmacy technician Structured Practical Training (SPT) notification form

Updated September 2025

Provisional pharmacy technician declaration

I, _____, would like to complete my **SPT**[1] **Level** _____
1/2/3

at _____
Pharmacy name

_____ _____
Pharmacy address Pharmacy licence number

Are you an internationally educated pharmacy technician? ◯ Yes ◯ No

I confirm that I:

- ☐ Understand that my SPT must be completed in Alberta with an approved **preceptor** and in an **ACP-licensed pharmacy or institutional setting** (e.g., hospital).
- ☐ Understand that this notification form must be approved by ACP **prior to starting** the level.
- ☐ Will work a minimum of **20 hours per week** to a maximum of **44 hours per week**.
- ☐ Will complete a minimum of **320 hours** (for Level 1 or Level 2) or **160 hours** (for Level 3).

_____
Signature of provisional pharmacy technician

_____ _____
ACP registration number Date

Please submit this form (pages 1 and 2) as a PDF to techspt@abpharmacy.ca a minimum of 10 business days prior to the start date.

Incomplete forms will not be accepted.

1 The Alberta College of Pharmacy (ACP) may review your Structured Practical Training (SPT) hours at any time during your internship and will do so when you apply for registration as a pharmacy technician. If any information provided is found to be false, or if you fail to comply with SPT rules, some or all of your hours may be disqualified, and you may be required to repeat the program.

Preceptor declaration

I, _____, agree to take primary responsibility for supervising and assessing _____, a provisional pharmacy technician learner. I will support their development by helping them become familiar with pharmacy practice as outlined in the **ACP Structured Practical Training Pharmacy Technician Manual**.

I confirm that I:

- Have been a practising pharmacist or pharmacy technician in Alberta for a minimum of **two years**.
- Am not in a close personal relationship with, related to, or residing in the same household as the above-named provisional pharmacy technician.
- Have no outstanding complaints referred to a Hearing Tribunal.
- Understand that the SPT must be completed within an average work week of not less than **20 hours** and not more than **44 hours**.
- Acknowledge that the provisional pharmacy technician does not carry personal professional liability insurance and that I am responsible and accountable for all **restricted activities** performed under my supervision.

If the provisional pharmacy technician is internationally educated, I also confirm that one of the following applies:

- I am a pharmacy technician, OR
- I am a pharmacist who has precepted at least two pharmacy technician students in a CCAPP-accredited pharmacy technician program in the past three years.

For each student, please provide their name and college information.

Student 1

Student name	College	Precepting dates

Student 2

Student name	College	Precepting dates

Signature of preceptor

ACP registration number	Date

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