

PEBC ASSESSOR APPLICATION FORM

If you are eligible and interested in participating as an assessor for the PEBC Qualifying Examination – Part II (PEBC QE - Part II), or if you have previously participated but have moved to a different city, please answer all questions and complete all information in full on all pages of this application form and submit by mail or email to:

The Pharmacy Examining Board of Canada – OSCE/OSPE
 200-59 Hayden Street, Toronto, ON M4Y 0E7
 Attn: Assessor Applications
 Email: assessorapplications@pebc.ca

Assessor qualifications are listed on the **Assessor Eligibility & Selection Criteria** at the end of this application form. Assessors are trained prior to the examination, so it is not necessary to have experience as an assessor. The most important qualifications are registration or licensure status and current practice experience in a patient care environment performing or directly supervising patient care activities such as dispensing, compounding, clinical and drug information services (for both Pharmacist OSCE and Pharmacy Technician OSPE assessors).

The examination day is approximately 11 hours long. A service fee is offered for participating in the examination. Eligible travel expenses are reimbursed (at the most economical travel rates) with receipts and/or documented mileage, up to a maximum as designated by the examination centre.

Please Note:

Your application is not considered to be a commitment to or confirmation of participation, but is an indication of your interest and eligibility.

If selected to be an Assessor for an upcoming exam, you will be contacted by the nearest examination centre and further details will be provided. All examination personnel will be required to review, sign and comply with the terms of the **Examination Personnel Agreement** provided by the exam centre.

*The Examination Centre will retain your application for a period of 5 years from date of submission.
 Required fields are bound in red on screen / highlighted in blue on printed form.*

CONTACT INFORMATION			
Salutation: <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Other (e.g. Dr.):			
First Name:		Last Name:	
Home Address		Email	
Street:		Email 1:	
City:		Email 2:	
Province:	Postal Code:		
Phone Numbers			
Home:	Cell:	Business:	Fax:
Workplace			
Workplace 1 Name:		Location 1: <small>(City, Province or Store #)</small>	
Workplace 2 Name:		Location 2: <small>(City, Province or Store #)</small>	

I AM INTERESTED IN PARTICIPATING AS AN ASSESSOR AS FOLLOWS (please check ✓):				
• Pharmacist PEBC Qualifying Examination – Part II (OSCE) (pharmacists only)		YES	NO	
• Pharmacy Technician PEBC Qualifying Examination – Part II (OSPE) (pharmacy technicians only)		YES	NO	
I meet the qualifications indicated (checked) on the Assessor Eligibility and Selection Criteria (see last section – please review and check all that apply and provide detail if not applicable)		YES	NO	
I am currently involved in additional pharmacy professional activities (in addition to my regular work), as follows (describe briefly if applicable):		YES	NO	
PEBC offers the examinations in both English and French. Please check the language(s) in which you are fluent and accurate in both oral and written expression and comprehension:		ENGLISH	FRENCH	
QUALIFICATIONS				
	Month/Year Licensed	Province	PRA License #	
I am a Licensed Pharmacist with a PRA (Provincial Regulatory Authority)	mm yy			
I am a Licensed Pharmacy Technician with a PRA (Provincial Regulatory Authority) (or “Registered” in Manitoba)	mm yy			
I currently practise in a patient care setting:	YES	NO		
Current Practice Setting(s) (please check all that apply): Community Hospital Faculty Other (describe):				
ELIGIBILITY AND INTERESTS				
Do you plan to take <u>any</u> PEBC examination, multiple choice or practical, OSPE or OSCE, at any time in the future?	YES – please <u>explain</u> :			NO
Are you aware of any family, friends, acquaintances, or colleagues who plan to take a PEBC examination?	YES – list <u>name(s)</u> and <u>relationship(s)</u> :			NO
Have you ever been or plan to be involved in an examination preparation program or educational activity designed to help candidates prepare for any PEBC exam?	YES – please <u>explain</u> :			NO
Have you ever worked at a Pharmacy Examining Board of Canada examination or other similar examinations?	YES – <u>where</u> and <u>when</u> and in what <u>role</u> ?:			NO
Why are you interested in participating in a PEBC examination?				
What was your source of information about being an assessor for the PEBC examination?				
REFERENCES				
Please list two professional references (non-family): a licensed pharmacist or pharmacy technician, pharmacy faculty member or pharmacy regulator.				
Name	Relationship	Email	Telephone	Position
1.				
2.				
SIGNATURES				
Applicant Signature: (optional)			Date:	
Chief Administrator Signature (reviewed and accepted):			Date:	

Assessor Eligibility & Selection Criteria

Objectives are to:

- Ensure that assessors are registered and “in good standing”, with current practice experience in a patient care setting.
- Give preference to those who work along with or directly supervise pharmacists (OSCE) or pharmacy technicians (OSPE).
- Ensure that assessors are well-equipped to assess candidates’ performance.
- Avoid perceived or actual conflict of interest or bias.
- Protect the security of the examination, avoiding intentional or unintentional use or distribution of PEBC exam information other than for actual administration of the PEBC examination.

Assessor Eligibility and Qualifications – please review and check all that apply to you:

Is in ‘good standing’ by PEBC’s definition –

- Is a current member “in good standing” of one or more provincial regulatory authorities without any terms, conditions or limitations on your certificate of registration.
 - Is a pharmacist, currently licensed to provide patient care in a Canadian jurisdiction for at least **two years**
 - OR -
 - Is a pharmacy technician, **currently** licensed in a Canadian jurisdiction (or “Registered” in Manitoba).
- Is NOT currently subject to any of the following as a result of a complaint, investigation or proceeding:
 - a discipline order
 - a fitness to practice order or findings of professional misconduct, incompetence or incapacity
 - an agreement imposing terms, conditions or limitations on practice or other requirement or undertaking
 - temporary or indefinite suspension of licensure
- Has not been in the past **three years**, a subject of disciplinary action by any pharmacy or other professional body.

Experience –

PEBC’s preference is to use assessors who have current experience in a patient care setting, working directly with or directly supervising pharmacists and/or pharmacy technicians, to be familiar with the work that they do and what to watch for. Please indicate below whether or not you have this experience:

- Currently practises in a patient care environment, providing or supervising pharmacy services on a regular basis, either full- or part-time. Such services may include: dispensing, inventory management and drug distribution, compounding, patient teaching, medication reconciliation, responding to patients’ requests, consulting with other health professionals regarding patients’ needs (e.g., drug information), etc.
- Currently works along with and/or directly supervises recently licensed (within the past 2 to 5 years) pharmacists (for the Pharmacist OSCE).
- Currently works along with and/or directly supervises pharmacy technicians (for the Pharmacy Technician OSPE).

Has NO potential or perceived conflict of interest –

- Is NOT an undergraduate or graduate student in a faculty of pharmacy or pharmacy technician education program.
- Is NOT a potential candidate to take any PEBC examination, multiple choice or practical, OSCE or OSPE, at any time in the future.
- Is NOT an immediate family member or close associate (colleague, supervisor, friend, or household member) with prior knowledge of a candidate's abilities OR with a personal or business interest in the candidate's exam results.
- Is NOT regularly involved in teaching pharmacy or pharmacy technician students in an academic setting or bridging program (this does not exclude preceptors for structured practical training from being an assessor).
- Is NOT involved in the development of the curriculum for – or regularly involved in the training/assessment of – practical/professional skills of *groups* of students or candidates for that particular exam (OSCE or OSPE) (e.g., professional practice labs, bridging programs or other small group sessions involving the use of standardized patients, role-playing scenarios or simulations).
- Is NOT involved in the development, review, administration or dissemination of practice exams, questions, cases or preparatory courses, materials or coaching sessions designed to specifically prepare candidates for any PEBC examination.
- Agrees to NOT become involved in any way in any such examination preparatory activities, practice questions, practice exams, educational sessions or coaching, from the time of participation as an assessor in a PEBC examination until five years after completion of service.**

Other criteria –

- Has no limitations that would impair the ability to accurately observe, hear, record and assess candidates' performances over a 10 to 12 hour period.
- Is willing to participate on the basis of the offered service fee and limited remuneration for travel (NOT accommodation) to the nearest examination centre.

If unable to confirm that you meet all of the above eligibility criteria, please explain:

Required fields are bound in red on screen / highlighted in blue on printed form.

If you are experiencing technical difficulties with the **Submit** button above, please:

1. Save your completed form to your computer/device.
2. Email your saved form as an attachment to: assessorapplications@pebc.ca