



TEAM PRIMARY CARE - TRAINING FOR TRANSFORMATION

Pharmacist Training for Comprehensive Primary Care (PT4CPC)

APPLICATION FORM

PT4CPC - Advanced Primary Care Pharmacist Training Program

INSTRUCTIONS: There are four parts to the application: the application form, short essay questions, references and a letter of support. To be eligible for this training, you must be a licensed pharmacist practicing in Canada, with at least 3 years of experience (minimum 2 years in Canada). Pharmacists from all practice settings are eligible. The information you provide is used to verify your eligibility, to communicate with you and to select the final 15 applicants. Your application will be evaluated by a selection committee.

Once you have completed your application, signed your commitment to complete the program and have your letter of support, please email all documents to both Christine Papoushek, AFPC - PT4CPC Project 1 Manager (christine.papoushek@uhn.ca) and Janet Cooper, AFPC Executive Director (jcooper-afpc@bell.net). If you have any questions, please email Christine Papoushek.

The application deadline is August 18, 2023.

Name

Address

Phone Number Email Address

Province(s) of Licensure Years in Practice:

Education History – Degree:

BScPharm PharmD Masters PhD

Other:

Year of Graduation:

University:

- | | |
|---|---|
| <input type="checkbox"/> Dalhousie University | <input type="checkbox"/> Memorial University |
| <input type="checkbox"/> Université de Montreal | <input type="checkbox"/> Université Laval |
| <input type="checkbox"/> University of Alberta | <input type="checkbox"/> University of British Columbia |
| <input type="checkbox"/> University of Manitoba | <input type="checkbox"/> University of Saskatchewan |
| <input type="checkbox"/> University of Toronto | <input type="checkbox"/> University of Waterloo |

International Pharmacy Graduate (IPG)

If IPG year licensed in Canada

Have you completed any post graduate training to enhance clinical skills: Yes No

If yes, indicate the type of training:

Accredited Clinical/Hospital Pharmacy Residency

Location and year:

Certification (e.g., Certified Diabetes Educator, Certified Geriatric Pharmacist)

and year of completion:

and year of completion:

Other:

Primary Site of Practice:

Family medicine clinic:

Community health clinic

Academic/teaching

Other:

Community pharmacy:

Banner

Chain

Grocery

Independent

Mass merchandiser

Primary care pharmacist clinic

Hospital:

Inpatient; indicate specialty

Ambulatory care clinic; indicate specialty

Rehabilitation hospital or clinic; indicate specialty

Clinical pharmacist consultant

Other:

Question 1: Describe your current practice, including the medication management and primary care services you provide (500 words maximum).

Question 2: Describe your rationale and desire to complete this training program. Also explain your preferred training site/location (e.g., urban, rural, remote) (250 words maximum).

Question 3: Describe how you hope to change your practice and/or enhance patient care by completing this training program. Specifically, reflect on and describe the knowledge and skill gaps that you hope to address (250 words maximum).

Question 4: Building on your experience influencing others (professionally or personally), describe how completing this program will enhance your ability to create change within the pharmacy profession and/or the primary healthcare system (250 words maximum).

Question 5: Describe a recent change in your practice that you initiated or implemented that improved the quality of care your patients received. Based on that experience, what did you learn about change management that went well, or that you might do differently to enhance greater success the next time? (250 words maximum.)

References:

Please list 2 individuals who can be contacted for reference purposes. Please include their full name, your relationship, phone number and email address.

Letter of Support:

Please provide a letter of support from your employer/manager that indicates their support for you to complete this training program. Note, the program includes work at your practice site in the fall, plus approval for 4-6 weeks leave starting in early January to complete external placements.

Commitment to Complete Program

- If accepted into the program, I am committed to completing the Advanced Primary Care Pharmacist Training Program from early October 2023 to late February 2024. This includes time required while working at my current practice site in the fall, and for a full-time external experiential placement in January/February, which will require time away from work for 4-6 weeks. I acknowledge that AFPC will provide income replacement of \$1,700 per week during the Phase 2 experiential rotations, which can be paid directly to me or via my employer.

Name

Signature

Date