Island Health Pharmacy Practice Residency

**Application for Credit for Prior Learning**

## Purpose

A resident who has extensive experience or skills in the core competencies of the residency program or has already partially completed the requirements of another accredited residency program\* can apply for credit in these areas. This allows the resident to individualize their program to a degree and maximize their learning opportunities. For example, a resident who has extensive experience working in a hospital dispensary may apply for credit for all or a portion of the drug distribution portion of the program.

## Procedure

1. The resident should and submit this form, with Sections A and B completed, **at least** one month prior to the start of the residency year to allow assessment of the application and facilitate planning.
2. Applications should be submitted to the Program Coordinator. The Program Coordinator, in conjunction with the Program Director will review all applications for credit.
3. Application for credit must be directly associated with and relevant to at least one of the core competencies of the program: provide evidence-based direct patient care as a member of interprofessional teams (CPRB 3.1), manage and improve medication use systems (CPRB 3.2), exercise leadership (CPRB 3.3), exhibit ability to manage one’s own practice of pharmacy (CPRB 3.4), provide medication and practice-related education (CPRB 3.5), and demonstrate project management skills (CPRB 3.6).
4. The application should contain evidence of competency associated with the objectives and standards outlined in the Island Health program. The resident should request a copy of the objectives/activities related to the competency that they intend to apply for so they can focus their application and provide direct evidence of their abilities.
5. Credit granted will not exceed 25% of the total residency training period. The resident can choose to use the extra time to tailor their rotation schedule to address personal learning goals and objectives.
6. The Program Coordinator and Director may ask for clarification or further documentation to satisfy the requirement for competency after the application is received. This may include a meeting and possibly a test of knowledge or competency in the area.
7. A final decision will be made by the Program Coordinator and Director.

\*Credit for learning objectives or rotations completed at another accredited residency program will only be granted if these have been completed within 24 months prior to entering the Island Health program.

**Section A (for incoming pharmacy resident to complete)**

**Name of Pharmacy Resident:**

**Area of Competency (please refer to CHPRB Accreditation Standards and select from Competencies described in Section 3):**

**Specific Requirement(s) that you feel have been met (please refer to CHPRB Accreditation Standards and select from the pertinent Requirements listed under each Competency):**

**Please provide evidence of achievement:**

I confirm that the above information is accurate and I possess the knowledge, skills and abilities to effectively and efficiently carry out tasks in a pharmacy practice setting that are related to the Competency(s) and Requirement(s) listed above.

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Signature of Pharmacy Resident Date

**Section B (for incoming pharmacy resident’s supervisor to complete)**

I was the resident’s direct supervisor and can confirm that the resident has demonstrated the knowledge, skills and abilities as outlined above.

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Signature of Supervisor Date

**Section C (for Residency Program Coordinator and Director to complete)**

I have examined the evidence as outlined above and have assigned credit to the resident for the following rotation learning objectives:

1.

2.

3.

4.

5.

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Signature of Program Coordinator Date

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Signature of Program Director Date