

Declaration of dispensing accuracy

| ACPT trainee details | |
|---|--|
| First name | |
| Surname | |
| GPhC number | |
| Name of organisation | |
| Declaration of dispensing accuracy | |
| I confirm that the pharmacy technician above: | |
| <input type="checkbox"/> is familiar with our organisation's dispensary standard operating procedures (SOPs) | |
| <input type="checkbox"/> dispenses accurately in our current workplace | |
| Details of evidence | |
| Statements should be supported by appropriate evidence whenever possible. Please provide information about how your organisation determines dispensing accuracy. | |
| Can the pharmacy technician consistently dispense prescribed items with a high degree of accuracy? | |
| Yes, because they have: | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |
| NB: If dispensing logs are used as evidence, these must be included in the ACPT portfolio. | |
| Educational supervisor details | |
| First name | |
| Surname | |
| GPhC number | |
| Signature | |
| Date | |