

**The Canadian Council for Accreditation of Pharmacy Programs
Le Conseil canadien de l'agrément des programmes de pharmacie**

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CCAPP Pharmacy Technician Program Annual Reporting Form:

Due Date April 30, 2021

Program & College Institution Name:	
Date of Submission:	
Coordinator/Program Lead	Name:
	Professional Designation:
	Email:
	Phone #:
Direct Patient Care Pharmacist	Name:
	Email:
	Phone #
Immediate Manager (ie. Chair/Dean /Associate Dean)	Name:
	Title/Position:
	Email:
	Phone #:
Alternate Contact (ie. Program Secretary/ Program Support)	Name:
	Title/Position:
	Email:
	Phone #:

Current Student Enrollment	1st Year	2nd Year

Current Faculty	Professional Designation	Course	Hours of Teaching

(Add extra rows as required.)

In Reference to the Standards:

Evaluation of the program must occur systematically in order to monitor overall effectiveness, to enable the achievement of all educational outcomes and professional competencies in accord with the stated outcome expectations, and to provide a studied basis for improvement of the program.

- 1. As an attachment, provide your Program’s Strategic Plan identifying annual updates/progress.**
- 2. Provide official documentation of pass rate performance for PEBC Qualifying Exam (MCQ and OSPE) for 2018.**
- 3. Report on Partially Met and Not Met Standards/Criteria from last accreditation site-visit.**

Date of Site Visit	“Partially Met” and “Not Met” Standard	Report on Progress to Completion*

(Add extra rows as required.)

*May include attachments as evidence of progress.

- 4. Provide any additional comments or information regarding changes and/or improvements to your program:**