**C C A P P**

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

# CCAPP APPLICATION FOR ACCREDITATION

# 2023



*In accordance with the CCAPP Policy on confidentiality, all information provided will be treated in confidence and will be made available to members of the Board of Directors of CCAPP and to the On-Site Evaluation team selected for your program.*

*The Application for Accreditation consists of four sections and will usually be completed by the Dean/Director's Office*

## THE ACCREDITATION PROCESS

For questions on the Accreditation Process please refer to our the website – CCAPP-accredit.ca

## SECTION A:

## INVITATION FOR EVALUATION

This is a formal invitation by the post-secondary institution for CCAPP to conduct an evaluation of the profession pharmacy program for the purposes of accreditation.

_____

**Name of Institution**

Seeks accreditation status for the professional pharmacy program indicated below and invites the Canadian Council for Accreditation of Pharmacy Programs to conduct an evaluation of:

_____

**Name of Program**

Name of Dean or Director

_____

Address

_____

_____

_____
Signature

_____
Date

Name of President or Designate

_____

Address

_____

_____

_____
Signature

_____
Date

**For Pharmacy Technician Programs:**

Name of Coordinator _____

Licensure and Registration Status _____

Address _____

_____

## SECTION B:   STUDENTS

**Provide enrolment data for the current year and information on the number of graduates for the past academic year**

### ENROLMENT – Pharmacy Technician Program

|  | Female | Male | Other | Total |
|---|---|---|---|---|
| **Year 1** |  |  |  |  |
| **Year Two** |  |  |  |  |
| **Total** |  |  |  |  |

**Graduates**

|  | Female | Male | Other | Total |
|---|---|---|---|---|
| **Certificate Program** |  |  |  |  |
| **Diploma Program** |  |  |  |  |

### ENROLLMENT – Pharmacy Programs

**Undergraduate Professional (PharmD)**

|  | Female | Male | Other | Total |
|---|---|---|---|---|
| **MUN Year 1** |  |  |  |  |
| **Year 1 (MUN year 2)** |  |  |  |  |
| **Year 2 (MUN year 3)** |  |  |  |  |
| **Year 3 (MUN year 4)** |  |  |  |  |
| **Year4 (graduating year)** |  |  |  |  |
| **Total for Program** |  |  |  |  |

**Postgraduate Student Registrants**

| | | | | |
|---|---|---|---|---|
| **Masters** | | | | |
| **PhD** | | | | |
| **Pharm D (Post Graduate)** | | | | |
| **Post Doctoral Fellows** | | | | |
| **Diplomas** | | | | |
| **Residents** | | | | |
| **Pharm D Bridging** | | | | |
| **IPG Bridging** | | | | |

**Degrees Conferred**

|  | Female | Male | Other | Total |
|---|---|---|---|---|
| **UG Professional PharmD** |  |  |  |  |
| **Bachelors (Other)** |  |  |  |  |
| **Masters** |  |  |  |  |
| **PhD** |  |  |  |  |
| **Pharm D Bridging** |  |  |  |  |
| **PharmD (Postgraduate)** |  |  |  |  |
| **Diplomas** |  |  |  |  |

## SECTION C

### BUDGET – Pharmacy Technician and Pharmacy Programs

**Provide details of the most recently approved operating and capital budgets:**

**1: OPERATING BUDGET**

| | |
|---|---|
| **Salaries – Faculty** |  |
| **Salaries - Staff** |  |
| **Salaries - Other** |  |
| **Non-Salary Expenditures** |  |
| **Total Operating Budget** |  |

## 2. RESEARCH & OTHER INCOME

| | |
|---|---|
| **A: Government departments and agencies (excludes basic central operating grant; includes other grants and contracts)** | |
| | |
| **1. Federal** | |
| CIHR/SSHRC/NSERC (Tri-Council) | |
| Canada Foundation for Innovation | |
| Canada Research Chairs | |
| Other Federal | |
| | |
| **2. Provincial** | |
| **3. Regional/Municipal** | |
| | |
| **B: Realized donations, including bequests (excludes pledges)** | |
| | |
| **C: Non-government (grants and contracts)** | |
| | |
| **D: Investment (excludes investment amount; includes income from endowment and other investments)** | |
| | |
| **E: Other (includes sales of services and products, or International Grants, etc.)** | |
| | |
| **TOTAL INCOME** | |

**SECTION D**

1. **PERSONNEL – <u>PHARMACY TECHNICIAN PROGRAMS</u>**

**Provide the Names and Qualification of all Instructional Staff employed or under contract in your program.  For Part-Time teaching staff indicate the term of appointment (eg 0.25 FTE, 0.50 FTE, etc).**

| Name | Qualifications | Full-Time | Part-Time |
|------|----------------|-----------|-----------|
|      |                |           |           |
|      |                |           |           |
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|      |                |           |           |

## 2.    PERSONNEL – <u>PHARMACY PROGRAMS</u>

**Information should be provided in alphabetical order for each individual in the academic ranks listed in tables 1-4.  Only the numbers of individuals employed is required in parts 5 and 6.  Use TBA to identify any positions that are currently vacant in the appropriate category**

**Year** _____

1.    FULL PROFESSORS

| NAME | HIGHEST EARNED DEGREE | PHARMACY LICENCE | FULL OR PART-TIME | TENURE | ACADEMIC AREA OF INSTRUCTION |
|---|---|---|---|---|---|
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2.    **ASSOCIATE PROFESSORS**

| NAME | HIGHEST EARNED DEGREE | PHARMACY LICENCE | FULL OR PART-TIME | TENURE | ACADEMIC AREA OF INSTRUCTION |
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3.    **ASSISTANT PROFESSORS**

| NAME | HIGHEST EARNED DEGREE | PHARMACY LICENCE | FULL OR PART-TIME | TENURE | ACADEMIC AREA OF INSTRUCTION |
|---|---|---|---|---|---|
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4.     INSTRUCTORS/LECTURERS

| NAME | HIGHEST EARNED DEGREE | PHARMACY LICENCE | FULL OR PART-TIME | TENURE | ACADEMIC AREA OF INSTRUCTION |
|---|---|---|---|---|---|
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5.     **OTHER TEACHING STAFF**

Number

Sessional Instructors                        _____

Graduate Teaching Assistants                 _____

Laboratory Demonstrators                     _____

Clinical Preceptors                          _____

Others (Specify)                             _____

                                             _____

6.

Number

Secretarial/Clerical                         _____

Administrative/Professional                  _____

Technical                                    _____

Other (Specify)                              _____

                                             _____