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

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 – PHARMACY TECHNICIAN PROGRAMS

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

2. PERSONNEL – PHARMACY PROGRAMS

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

2. **ASSOCIATE PROFESSORS**

NAME	HIGHEST EARNED DEGREE	PHARMACY LICENCE	FULL OR PART-TIME	TENURE	ACADEMIC AREA OF INSTRUCTION

3. **ASSISTANT PROFESSORS**

NAME	HIGHEST EARNED DEGREE	PHARMACY LICENCE	FULL OR PART-TIME	TENURE	ACADEMIC AREA OF INSTRUCTION

4. INSTRUCTORS/LECTURERS

NAME	HIGHEST EARNED DEGREE	PHARMACY LICENCE	FULL OR PART-TIME	TENURE	ACADEMIC AREA OF INSTRUCTION

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)	_____
	_____