



The Prior Learning Assessment challenge process for Product Preparation includes a requirement to demonstrate practical as well as theoretical competency. PLA candidates are required to find a pharmacist who will attest to their competency in extemporaneous compounding and sterile product preparation, using checklists especially prepared for this purpose.

Extemporaneous Compounding - Verification of Competency

Candidate Name: _____

ACP Registration number (If applicable): _____

Bridging Program College: _____

Candidate Number: _____

Assignment: Candidates must safely and accurately compound a non-sterile mixture, according to a pre-determined master formula sheet, demonstrating efficient and appropriate compounding practices and Workplace Hazardous Materials Information System (WHMIS) guidelines.

Competency	Competency Demonstrated	Competency Not Demonstrated
Ingredients Selected appropriate ingredients		
Equipment Selected appropriate equipment		
Calculations Accurately calculated quantities dispensed, prepared, weighed, measured		
Operator Prep Performed appropriate hand washing Met attire requirements		
Technique Double checked weights and measurements before adding them to the mixture Prepared product according to formula and protocol		
Packaging Selected appropriate size and type of container		

Product Preparation PLA Challenge

Labeling Prepared appropriate label and auxiliary labels		
Final Product Ensured pharmaceutical elegance		
Final Check Completed final check – verified appropriateness of product to prescription		
Documentation Completed required documentation		
Clean Up Cleaned preparation area and equipment appropriately		

Pharmacist Assessment:

I have:

- reviewed the competencies on the checklists and ensured that I have adequate knowledge and understanding of the process to enable me to assess the competence of the technician, and
- observed the technician in performing extemporaneous compounding and have accurately recorded my observations on this checklist.

Name: _____
Please Print

Signature

ACP Registration Number: _____

Date: _____

Name and address of pharmacy/lab where assessment was completed:
