



Application for Approval of a Non-Traditional Intern Training Site

Please complete and return to the Pharmaceutical Society of NZ Inc (attn: Annette Straugheir)

All information provided will be kept strictly confidential and will only be used for the purpose of approving Intern Training sites and preceptor pharmacists.

Date of Application: _____

Name of intern: _____
(N.B. A separate application form must be completed for **each** intern).

Name and Address of Intern Training Site:

Type of Training Site PLEASE TICK

- Industry IPA/PHO Government Agency University
 Other, please specify _____

How many hours per fortnight are you willing to employ an intern? _____

Please note: Interns in split-site arrangements are required to work a **minimum** of 35 hours per fortnight in a traditional patient-centred site (community pharmacy) and can work a **maximum** of 35 hours per fortnight in a non-traditional site.

Please provide details of the COMMUNITY pharmacy site where your intern(s) will be employed.

PLEASE DETAIL THE NAME OF THE PHARMACY, PRECEPTOR PHARMACIST ETC.

SUPERVISION

An intern must work under the direct personal supervision of a pharmacist who has been approved by the Evolve Intern Programme. The preceptor pharmacist must have a current APC (Annual Practising Certificate) and be at least 3 years registered in NZ, or 1 year in NZ if previously registered in another country for at least 2 years. The preceptor pharmacist may choose not to carry out any formal assessment of the intern but **is** required to attend the Workplace Assessor Training course (a one-day course held in February each year).

Name of proposed Preceptor Pharmacist:

Each preceptor pharmacist must also complete an “Application for Approval as a Preceptor” form – available online at www.psnz.org.nz (Evolve, Training an intern).

Full Name: _____ **Reg No:** _____

Name(s) of additional pharmacist(s) employed in the workplace who will be involved in the training of the intern(s):

Please indicate whether these pharmacists are employed full-time (FT) (more than 35 hours per week) or part-time (PT) (less than 35 hours per week).

INTERN’S JOB DESCRIPTION

Please attach copies of the intern’s proposed job description and research project (if applicable) to this application. The intern’s role **must** relate to pharmacy practice.

COMPETENCE STANDARDS

Indicate which of the 7 Competence Standards the intern will gain experience in while employed in your workplace. Please view these online at www.psnz.org.nz (under ‘ENHANCE’) and list the relevant standards and elements below.

What additional experience/skills will the intern(s) gain in your organisation?

RESOURCES AVAILABLE FOR THE INTERN

Please indicate which of the following texts are held in the workplace:

- Martindale _____ edition BNF _____ edition
- MIMS New Ethicals Medical Dictionary e.g. Dorlands/Websters/other
- A Pharmacology & Therapeutics Text i.e. _____ edition
- A Drug Interactions Text i.e. _____ edition
- Pharmacy Journals (please list): _____
- CD or online information sources: _____

TRAINING PROGRAMMES PROVIDED FOR STAFF

Please indicate those in which the intern will be involved:

External Training Courses: _____

Internal Staff Training:

What: _____

How much: _____

How often: _____

By whom: _____

INTERACTION WITH OTHER HEALTH PROFESSIONALS

Will your intern have regular interaction with other health professionals?

- Formal team meetings

Who with? _____

How often? _____

- Other: (please specify) _____

Name of contact: _____ **Date:** _____

Phone: _____ **Email:** _____

Please return to Annette Straugheir, Evolve Intern Programme, PO Box 11 640, Wellington
or email: a.straugheir@psnz.org.nz