



## Product Preparation PLAR Challenge Exam Extemporaneous Compounding – Verification of Competency

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

**Student Name:** \_\_\_\_\_

**CPBC Registration ID:** \_\_\_\_\_

**UBC-CPPD Student ID (if applicable):** \_\_\_\_\_

**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. **Note: Demonstration of each evaluation criteria is mandatory.**

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

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

**Pharmacist Assessment:**

I declare that 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 performing **each of the evaluation criteria** for extemporaneous compounding and have accurately recorded my observations on this checklist.

Name: \_\_\_\_\_  
Please Print

\_\_\_\_\_  
Signature

CPBC Registration ID: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Address of pharmacy/lab where assessment was completed:

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