



## Framework for Pharmacy Technicians (FPT)

### FPT Evidence for Assessment: Question and Answer

*Oral or written questions to confirm performance and knowledge*

Pharmacy Technician's Name:			
Questions		Answers	FPT Behavioural Statements
1.			
2.			
3.			
4.			
5.			

*I confirm that the answers listed are my own work and were carried out under the conditions and context specified in the standards.*

**Pharmacy Technician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I confirm that the evidence recorded above has been judged as valid, reliable and authentic and is consistent with the pharmacy technician's normal working practice.*

**Reviewer's Name/Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Framework for Pharmacy Technicians (FPT) in Medicines Management

### FPT Evidence for Assessment: Witness Testimony

<b>Pharmacy Technician's Name:</b>	<b>Date of Activity Witnessed:</b>
<b>Type of Activity Witnessed:</b>	
<b>Details of Testimony:</b> Please give an account below of the activity (s) you have seen the pharmacy technician carry out. Please provide, in context, a full explanation of what took place and how this relates to the pharmacy technicians normal working practice.	

*I confirm by signing and dating that the above written record is a true account of the activity that took place:*

<b>Witness's Name:</b>	<b>Witness's Signature:</b>	<b>Date:</b>
<b>Relationship to the pharmacy technician:</b>		

Reviewer to list the FPT competencies this witness testimony meets :


*I confirm that the witness testimony recorded has been judge as valid, reliable and authentic and is consistent with the pharmacy technician's working practice.*

**Reviewer's Name/ Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pharmacy Technician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_