

# Assessor Register Expression of Interest Form 2022

## Summary

The Australian Pharmacy Council (APC) is the independent accrediting authority for pharmacy education and training. We operate as part of the [National Registration and Accreditation Scheme](#) (NRAS) and work under delegation from the [Pharmacy Board of Australia](#).

One of our primary accreditation roles is the quality assurance of pharmacy programs. This ensures that pharmacists have the skills and knowledge to deliver effective health care that meets the changing needs of the community.

We are seeking expressions of interest (EOI) from **pharmacy academics** and **practising pharmacists** in Australia who wish to be included on our accreditation **Assessor Register** for Accreditation Assessment Teams and to undertake other accreditation assessments on our behalf.

This form:

- outlines the application requirements
- provides supporting information
- identifies the application closing date

We appoint assessors from our Assessor Register in accordance with our [Accreditation Assessment Team Selection Criteria](#).

## Application requirements

### TO APPLY

Applicants must submit the following parts by email to [accreditation@pharmacycouncil.org.au](mailto:accreditation@pharmacycouncil.org.au) prior to applications closing:

- this **application form** (fully completed) which includes:
  - personal details
  - statement in support
- their current (brief) **CV**

### APPLICATIONS CLOSE

Monday 6 June 2022

## Further information

Please see below for further information to assist you when preparing your application:

- [Accreditation Assessment Team information](#)
- [Accreditation Assessment Team Selection Criteria](#)
- [Accreditation Standards for Pharmacy Programs](#)
- [Pharmacy Program Accreditation Guide](#)

If you have any questions, please feel free to contact our accreditation team at [accreditation@pharmacycouncil.org.au](mailto:accreditation@pharmacycouncil.org.au).

## Personal details

Title  Full name

Phone  Email

Postal address

## Employment details

Workplace

Position title

## Pharmacist registration status

I am currently registered without conditions.

Please note: If you are a currently registered pharmacist, you must hold general registration without conditions.

Ahpra registration  
number

I do not currently hold pharmacist registration in Australia.

## Role type

Please indicate the role(s) you believe you would fill on an Accreditation Assessment Team:

Academic

Practising pharmacist:

Community

Hospital

Other (provide details below)

## Statement in support

Please submit a brief statement (up to 250 words) outlining:

- why you are interested in being an Accreditation Assessment Team member
- how your knowledge, skills, experience and personal attributes (e.g. ability to listen, ask open questions, critically analyse submissions, gather evidence, work as a member of a team) align with the requirements of being an Accreditation Assessment Team member in relation to your area/s of expertise
- your understanding of the [accreditation standards](#) we use to accredit pharmacy programs.

## Declaration

I acknowledge the role and responsibilities of being an APC Accreditation Assessment Team member as described on our [Accreditation Assessment Team information webpage](#) and [Accreditation Assessment Team Selection Criteria](#) if I am appointed to the Assessor Register. This includes the time commitment involved in attending program site visits and the significant reading involved in assessing a program against APC's [accreditation standards](#).

Full name

Signature

Date