

**Faculty of Science**

**School of Pharmacy and Biomolecular Sciences**

# Certificate of Professional Development in Independent Prescribing for Pharmacists

# **Professional Reference**

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| **This form must be completed by a registered healthcare professional or other person with enough experience of clinical practice who is able to provide accurate and comprehensive answers to all the questions on the form.** **Normally, this would be a current or recent line manager of the applicant.*****The person providing the professional reference cannot be the same person as your designated prescribing practitioner*** |

Applicant name:

Area of practice intended for prescribing training:

1. In what capacity do you know the applicant?
2. How long have you known the applicant in this capacity?
3. Based upon your professional experience of working with the applicant, do you believe that the applicant has sufficient UK-based pharmacy experience to have appropriately prepared them to undertake a course to become an independent prescriber?

**Yes / No / Unsure** (Delete as appropriate) – Add any comments as appropriate

1. Based on your professional experience of working with the applicant, do you believe that they recognise the skills and attributes required to practice effectively as an independent prescriber?

**Yes / No / Unsure** (Delete as appropriate) – Add any comments as appropriate

1. Based on your professional experience of working with the applicant, do you believe that they reflect on their performance and take steps to develop their knowledge and skills as appropriate to their role that would enable them to safely undertake training to become an independent prescriber?

 **Yes / No / Unsure** (Delete as appropriate) – Add any comments as appropriate

1. Does the applicant have a Designated Prescribing Practitioner (DPP) willing to supervise them for the learning in practice component of this programme?

**Yes / No / Unsure** (Delete as appropriate) – Add any comments as appropriate

1. Do you have any other comments or concerns regarding the applicant’s ability suitability to safely undertake training to become and independent prescriber?

**Yes / No / Unsure** (Delete as appropriate) – Add any comments below as appropriate

**Referee declaration:**

I have had sufficient contact with the applicant in a professional capacity to enable me to make the judgements required to answer the questions on this form.

I confirm that the information given in the reference is accurate and true to the best of my knowledge.

I confirm that I am not personally related to above named person.

Referee’s name:

Referee’s professional regulator: for example GPhC, GMC

Referee’s professional registration number:

Referee’s email address:

Referee’s telephone number: